Home Sweet Home? Therapists’ Perspectives on Working from Home

by
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Abstract

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The current exploratory study examined therapists perceptions of working and conducting therapy from a home office setting. Therapists who currently work or have worked from home completed either an in-depth semi structured interview or a brief online open-ended questionnaire. The current study was analyzed from a social constructivist perspective and the researcher engaged in the process of reflexivity throughout in order to note and challenge assumptions and biases. Therapists’ narratives were examined in-depth utilizing thematic narrative analysis and placed in chronological order for easy reference to the overall context of each narrative. The seven themes of: evaluations and expectations of the home office setting; intersection of work and family life; control; safety; therapy is the same; professionalism, and cybercounselling are presented for discussion. Limitations and benefits of the current study, suggestions for future research, and practical implications for therapy training and supervisory programs are discussed.
Dedication

The current research project is dedicated to my biggest cheerleaders, Harold and Annie Murphy. This is for all the ways they selflessly offered their time, finances, and unconditional love. For their continual support, encouragement, and patience. And most importantly for their unwavering belief in me as I walked the long and sometimes difficult path of academia to this point. This is for you Nana and Papa, we did it!
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I would like to express my gratitude to the individuals who took the time to participate and share their experience of what it is like to work and conduct therapy from home. This project could not have succeeded without your contribution, most of all. To Ashley Cochrane and Jarred McCall for our dream of co-owning a practice in a house with a rainbow picket fence and the smell of fresh baked cookies that helped ignite and maintain a passion for this project. To thank Juli and Lori Jones for their continual support and encouragement throughout my academic journey. As well as express appreciation to all of my friends and family with whom I laughed, cried, shared my passion, and excitments with, and who supported me throughout completion of this research and my academic career in general.

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CHAPTER 1: INTRODUCTION

As a couple and family therapy intern working toward my dream of co-owning a practice offering services to clients in different home-type settings (e.g., kitchen, living room, office), I am very interested in the study of the setting of therapy. During my time as an undergraduate student I had the privilege to volunteer as a peer counsellor at the Student Support Network drop-in centre. I was able to experience firsthand, as well as hear from many clients, how the environmental setting of the drop-in centre, specifically a room inside an older house similar to that of a cozy living room, seemed to elicit feelings of safety and comfort in clients. The space was perceived as a place where drop-in clients felt welcomed and relaxed and were able to talk with greater ease than in a traditional therapy office. This focus on the environmental setting of the drop-in centre ignited a curiosity and passion within me to explore how the environmental setting of therapy is conducted in is perceived to impact the experience of therapy. As a therapist myself, I was particularly interested in understanding how therapists perceive the setting of therapy to impact their experiences, if at all.

Although some therapists do conduct therapy from within a home setting, little research has been conducted on the implications for different parties (for exceptions see Gargiulo, 2007; Langs, 2007; Maroda, 2007; Mills, 2007; Pepper, 2003). What is more, a discrepancy exists within the literature with some researchers believing the home office setting (HOS) is out dated and improper and should be reconsidered and others believing the physical setting itself cannot be judged as ethical or not. Researchers who find the HOS improper provide arguments around safety concerns, the inability to control the exposure of the therapist’s personal information, and believing analysts are improperly motivated to work from home at the expense of clients (Langs, 2007; Maroda, 2007). Researchers on the other side however, argue that it is not the setting of
therapy that matters. Instead, the focus belongs on how analysts conduct themselves within that setting and whether they are willing to discuss how clients experience the setting and any possible distractions (Gargiulo, 2007; Mills, 2007).

While these studies offer some insight into providing therapy from a home office, they do not provide an in depth exploration of stakeholders’ experiences or perspectives on the topic. Nor has the subject been explored outside of the discipline of psychotherapy (Gargiulo, 2007; Langs, 2007; Maroda, 2007; Mills, 2007; Pepper, 2003). The current exploratory study examined therapists’ experiences and perceptions of working from a home office. Therapists of various disciplines (e.g., MFT, MSW), were asked to reflect on how working out of their home impacted their personal or family lives and vice versa. They were also asked about the perceived impact offering professional services out of their home had on their clients' engagement in therapy and on the process of therapy, more broadly.

CHAPTER 2: LITERATURE REVIEW

This review discusses the therapy literature in order to identify aspects of the therapeutic process and outcome relevant to the experiences and perspectives of participants on conducting therapy out of home (Lambert, 1992; Miller, Hubble, & Duncan, 1995; Sparks, Duncan, & Miller, 2008). I then review the industrial/organizational psychology literature that addresses psychological aspects of the intersection of work and home life (Ashforth et al., 2000; Clark, 2000; Edwards & Rothbard, 2000; Voydanoff, 2004). I conclude by discussing what is currently known about working out of home in general (Clark 2000; Kalliath & Brough, 2008; Voydanoff, 2005) as well as what is currently known about conducting psychotherapy out of a therapist’s home (Gargiulo, 2007; Langs, 2007; Maroda, 2007; Mills, 2007; Pepper, 2003).
2.1 Therapy Process and Outcome

In this section I discuss the literature on therapy process and outcome. Understanding therapy-related factors and variables was important in the creation of the interview and questionnaire, as well as understanding participants’ experiences of conducting therapy from home. Four factors have been identified to contribute to the process and outcome of successful or helpful therapy (Lambert, 1992; Miller, Hubble, & Duncan, 1995; Sparks, Duncan, & Miller, 2008). The first, Extratherapeutic Factors, include the resources and content clients bring with them to therapy. The second factor, the therapeutic alliance includes elements of the working relationship between clients and therapist. Therapeutic Technique constitutes the third factor and includes what theories and techniques therapists use to guide them in their work with clients. Finally, the fourth factor, or the Expectancy and Placebo Effect, includes client beliefs about the effectiveness of therapy and what it entails.

Extratherapeutic factors. Extratherapeutic factors are conceptualized as the contribution of the client or what the client brings to therapy such as their environmental context and resources (Fitzpatrick & Irannejad, 2008; Lambert, 1992; Miller, Hubble, & Duncan, 1995; Sparks, Duncan, & Miller, 2008). For example, Sparks, Duncan, and Miller (2008) highlighted client resources such as events in the clients' life, their level of, intelligence, and the presence or absence of social support, as the most important extratherapeutic factors. Clients' readiness for change, or how prepared they are to see things or do things differently, was also put forth as an important extratherapeutic factor (Fitzpatrick & Irannejad, 2008; Geller et al., 2008; Kress & Hoffman, 2008). With clients possessing a high degree of readiness for change tending to have stronger alliances with their therapists and demonstrating greater improvement or better outcomes (Fitzpatrick & Irannejad, 2008; Sparks et al., 2008).
Client-therapist relationship. The client-therapist relationship or alliance is another important factor that runs across various approaches to therapy (Bordin, 1979; Macneil et al., 2009; Shine and Westacott, 2010; Sparks et al., 2008). Lambert (1992) noted the client-therapist relationship to be the second highest contributing factor to the outcome of therapy, weighing in at 30 percent. With a positive client-therapist relationship thought to be one of the best predictors of successful therapeutic outcome (Sparks et al., 2008). Shine and Westacott (2010) noted the combination of feeling heard, having space to talk, and working together allows clients to feel accepted by and connected with their therapists. This context of trust and safety is important as clients engage in the process of exploring painful or challenging life experiences. In addition, Miller, Hubble, and Duncan (1995) believe a positive client-therapist relationship occurs when the therapist is able to match the client in levels of empathy, genuineness, and respect, and when clients are able to perceive their therapist as a warm, nonjudgmental, trustworthy individual.

Some researchers believe the frequency and type of self-disclosure, when a therapist reveals personal information about themselves, can also impact the process and outcome of therapy (Nyman & Daugherty, 2001; Schwartz, 1993). For example, some researchers believe a therapist disclosing personal information can invite clients to share more, discuss difficult topics, and reduce their feelings of shame (Schwartz, 1993; Sternbach, 2003). However, Schwartz (1993) also cautioned disclosing too much information can overwhelm and burden clients or open possibilities for clients' misperceptions of therapists.

Another factor important to the relationship between therapist and client is their social location, or the combination of their ethnicity, gender, SES, age, religion, and sexual orientation (Sparks, Duncan, & Miller, 2008). Differences in demographic characteristics such as these have been shown to influence client perceptions of their therapists' helpfulness (Liddle, 1996). In
addition, power inequalities can often be attributed to differences in clients' and therapists' social locations such as when a client is from a 'marginalized' social group and the therapist from a 'privileged' one (Kneeling & Piercy, 2007).

**Therapeutic technique.** Therapeutic model and technique have been found to account for 15 percent of the therapy outcome variance (Lambert, 1992). Therapy research over the past 30 years has shown that rather than factors tied to specific models of therapy, factors shared across different models of therapy tend to have a greater impact on client change (Drisko, 2004; Lambert, 1992; Miller et al., 1995). Even still, many researchers have noted the type of therapeutic technique or intervention chosen can provide a structure to therapy, help foster a strong client-therapist relationship, and can differ with respect to the length, as well as how and when change occurs (Sparks et al., 2008). For a detailed review of model-related factors see Duvall, Clouthier, & Dumbrill, 1999; Lambert, 1992; Miller et al., 1995.

**Expectancy and placebo effect.** It has been shown that clients' expectations or preconceived ideas about therapy can impact the process and outcome of therapy with this expectancy factor explaining 15 percent of the outcome variance (Dearing, Barrick, Dermen, & Walitzer, 2005; Glass, Amkoff, & Shapiro, 2001; Lambert, 1992). Some researchers believe if clients expect engaging in the process of therapy to lead to change this expectation alone can motivate them to utilize problem-solving behaviours contributing to a successful outcome in therapy (Sparks et al., 2008). This factor has been termed the expectancy or placebo effect, because the mere belief in therapy’s effectiveness can lead to increases in hope which, in turn, can elicit change behaviours in clients (Lambert, 1992; Miller et al., 1995). Furthermore, clients' holding unrealistic expectations about therapy can have detrimental effects on the process of
therapy (Tinsley, Bowman, & Barich, 1993). When clients underestimate therapists' abilities for example, they may become skeptical about the therapy’s effectiveness (Tinsley et al., 1993).

**Summary of therapeutic process and outcome.** In summary, the greatest contribution to change in therapy is clients themselves and what they bring to therapy. Other factors, such as model or technique, client-therapist relationship, and expectancy and placebo effect, although important, play a secondary role in clients experiencing improvement (Lambert, 1992; Miller et al., 1995; Sparks et al., 2008).

Understanding therapy as comprised of these common factors informed my study of therapists' perspectives on offering therapy out of a HOS in many ways. By focusing on the four factors shown to be most important to therapeutic process and outcome I was able to concentrate the incredibly vast topic of therapy into a more manageable size. In this way I was able to focus the design of my interview and questionnaire to include the topics of therapeutic process and outcome generally, and the topics of extratherapeutic factors, therapeutic alliance, expectancy and placebo effect, and therapeutic technique more specifically. Please see materials section for greater detail.

In addition, this review was central in understanding how participants experienced conducting therapy from home. The results of the current study are discussed in light of this literature on therapeutic process and outcome in order to make sense of how and why working from home was perceived to influence, or not, the therapeutic process and outcome. Please see discussion section for greater detail.

We now move to exploring how individuals seek to attain balance between their work and family lives before looking at how individuals experience working from home.

**2.2 Work Life and Family Life Balance**
The domains of work life and family life are interconnected, making this intersection an important area of consideration when exploring how individuals experience working from home. The two domains are connected in so far as the demands and resources associated with participation in one domain impact individual well-being, role quality, and performance in the other (Clark 2000; Kalliath & Brough, 2008; Voydanoff, 2004). Individuals in both work and home domains adopt role identities involving specific goals, values, beliefs, norms, and interaction styles (Ashforth et al., 2000). Borders are created to distinguish roles associated with specific, separate domains in order to maintain balance between the responsibilities and demands of work and home life (Ashforth et al., 2000; Clark, 2000). This serves to define when domain-relevant behaviours begin and end.

**Borders.** Borders are thought to take three forms (Clark, 2000). Physical borders define where domain-relevant behaviour takes place, and temporal borders define when work and family responsibilities are tended to. Psychological borders contain rules individuals create to dictate which emotions, as well as cognitive and behavioral patterns, are appropriate in each domain. The strength of a border has three measurements (Clark, 2000). One such measurement is the level of permeability, or the degree to which borders can be crossed. Flexibility, or the degree to which borders can change is also a measure of strength. As is the measurement of blending, or the degree to which domain elements mix. The degree of strength, however, does not refer to a borders usefulness. When domains are similar weak borders can facilitate work-family-balance, whereas when domains are different strong borders can facilitate work-family balance by aiding in the separation of role identities (Clark, 2000).
Segregation and integration. Authors such as Ashforth, Kreiner, and Fugate (2000) believe a continuum is created when the concepts of role identity and role boundaries are combined. At one end of this continuum sits segmentation with a high contrast between role identities and inflexible impermeable boundaries. At the other end sits integration, with a low contrast between role identities and flexible permeable boundaries.

A reduction of role blurring by eliminating most distractions and keeping role identities self-contained are thought to be the primary benefits of segregation (Ashforth et. al, 2000). This reduction of role blurring also serves to decrease the possibility of role spillover from occurring which happens when behaviours, values, and norms of one domain are enacted in another domain (Ashforth et al., 2000). However, due to the high contrast between domains the primary cost of segmentation is an increase in the size and difficulty of transitions between domains (Ashforth et al., 2000). On the other hand, the primary benefit of integration is that it is easier to transition from one role to the other such as from work to family or vice versa due to the similarities between roles. The primary cost of integration however, is the blurring of roles and role spillover that can occur due to these similarities between domains. This can create confusion and a difficulty in keeping domains elements separate (Ashforth et al., 2000).

Even though integration and segmentation require exceedingly different intellectual and emotional approaches, individuals who feel happy and productive and individuals who are struggling can be found at all points on the spectrum (Edwards & Rothbard, 2000). Extreme cases of segmentation and integration are rare however, with many individuals falling somewhere in between the extreme ends benefiting from both elements of segregation and integration.

Based on years of research, Kossek and Lautsch (2008) agree that integrators blend work and family demands throughout the day while separators compartmentalize their family and
work responsibilities. However, they add to the literature on work-family-balance a third category; that of the volleyer. Volleyers are categorized as individuals who sometimes integrate and other times separate the personal and work aspects of their lives. Whether they integrate or separate is dependent on the current circumstances and properties of the two domains.

Kossek and Lautsch (2008) also postulate two subgroups for each of the three categories. Integrators contain fusion lovers, or individuals who chose to integrate and so enjoy the continual blending. As well as reactors, or individuals who either experience a lack of control over the blending of their work and family responsibilities, or respond to what they believe needs their attention most at the moment regardless of domain. The category of Volleyers contain quality timers or individuals who use time cues such as busy times of the year to help them determine when to integrate and when to separate elements of their work and home lives. Some Volleyers are also seen as job warriors, or individuals who are required to keep the domains of work and home separate during work hours but are expected to work beyond office hours and integrate work into their home life. Finally Separators contain firsters, whether family firsters or work firsters, and captives. Firsters are individuals who form the bases of their identity primarily from their work or family lives and as a result prioritize that domain. Captives on the other hand, are individuals who must keep the domains of work and home separate because their work or personal lives do not allow them to navigate these domains in any other way.

Furthermore, Kossek and Lautsch (2008) identified fusion lovers, quality timers, and firsters to be individuals who feel in control and have a positive relationship between their personal and work lives. As a result individuals in these subgroups experience high levels of happiness and well-being. On the other hand, reactors, job warriors, and captives often feel overwhelmed and out of control and experience their work and family lives as being at odds with
one another. This results in low levels of happiness and well-being being experienced by individuals within these subgroups.

What is more, Kossek and Lautsch (2008) believe true or complete balance between the domains of work and home does not exist. In order to feel a personal sense of balance individuals need to prioritize what is important to them. Furthermore, finding balance by examining what is important and prioritizing what matters most can lead to feelings of perceived success as well as greater happiness and satisfaction in life regardless of where individuals fall on the continuum of integration and segregation.

While this section has outlined the ease or difficulty individuals experience when transitioning between roles, how these transitions occur has not yet been discussed. It is to this topic we now turn.

**Transitions.** Some authors believe that exiting a role identity requires psychological and sometimes physical disengagement from the previous domain such as through turning off equipment, cleaning up the workspace, or talking with co-workers (Ashforth et al., 2000; Clark, 2000). These are known as role exits. Role exits tend to be triggered by rights of separation such as an individual’s morning routine, as well as by external and internal cues. Internal cues contain factors such as a sense of closure, exhaustion, mood, guilt, or hunger that both push and pull an individual from one domain to another (Ashforth et al., 2000).

Similarly, role entry, involves becoming psychologically and sometimes physically engaged in a role (Ashforth et al., 2000). Due to the internal and external cues experienced during a role exit it is often clear which role is being entered. In fact, many sequences of role exits and role entries are experienced together so often they become routine (Ashforth et al., 2000). It is important when entering a role to do so with the appropriate cognitive framework the
role requires. For instance one should enter their work role with the mindset of an employee and not a father or coach. It is also important to enter a role with the appropriate level of arousal, such as having a high level of arousal when preparing for a presentation and a low level of arousal when dealing with a customer (Ashforth et al., 2000).

Having inflexible boundaries between domains can increase the difficulty of finding balance between work and family life, especially when an individual lacks influence over the boundaries of one or both domains (Ashforth et al., 2000). This is especially true when the domains come into conflict with one another (Ashforth et al., 2000). Not surprisingly individuals who identify with and have influence over both domains tend to experience the greatest balance between work and family life regardless of where they fall on the segregation and integration continuum (Clark, 2000).

**Spillover.** Spillover, refers to the ways in which work and home life effect one another and make the two domains similar (Edwards & Rothbard, 2000; Voydanoff, 2004). Spillover can occur despite the physical, temporal, and psychological borders individuals create to separate the domains of work and home life (Clark, 2000). Spillover between domains takes many forms such as but not limited to the following examples. Spillovers in mood occur when a mood that originated in one domain affects the mood in another domain. Spillovers in behaviour transpire when behaviours learned in one domain impact behaviour in another domain. Spillovers in values happen when values acquired in one domain impact or interfere with values in another domain. Spillovers in time take place when time gained or taken from one domain is transferred to the other domain. Finally, spillovers in skills occur when skills acquired in one domain impact skills another domain (Edwards & Rothbard, 2000; Kossek & Lautsch, 2008; Voydanoff, 2004).
As the cognitive and motivational processes responsible do not require attention, some forms of spillover such as, spillovers in behaviour and mood, are believed to transpire unintentionally (Edwards & Rothbard, 2000). Whereas other forms of spillover occur with intention such as spillovers in time and skills (Edwards & Rothbard, 2000). Furthermore, some forms of spillover like a spillover in values, can be mediated by something larger than either of the two domains such as an individual’s outlook on life or overall value system (Edwards & Rothbard, 2000; Voydanoff, 2004).

In addition to the aforementioned forms, spillover can occur negatively or positively (Edwards & Rothbard, 2000; Hanson, Hammer, & Colson, 2006; Voydanoff, 2004). Positive spillover occurs when elements of one domain impact another domain in a beneficial way, whereas negative spillover occurs when elements of one domain cause a detrimental impact in another domain. Negative and positive spillover are thought to be separate constructs as increases in work-family conflict do not automatically translate to a reduction in positive spillover. An individual can experience high levels of conflict and positive spillover at the same time or experience low levels of one and high levels of the other (Hanson, Hammer, & Colton, 2006).

Negative spillover in relation to the domains of work and family takes many forms within the literature. Some individuals discuss negative spillover in terms of resource drain or when finite resources such as time, attention, and energy are taken at a cost from one domain for use in another (Edwards & Rothbard, 2000; Voydanoff, 2004). Such as when the required involvement in one domain results in a loss of time or the ability to participate in the other domain (Voydanoff, 2004). Within the literature however, negative spillover seems most often to be
referred to as work-family conflict and contain three commonly experienced categories (Edwards and Rothbard, 2000).

The first, time-based conflicts, occur when time and attention are taken from one domain resulting in poor role performance in that domain but facilitated role performance in the receiving domain. The second category, strain-based conflicts, take place when increased strain in one domain reduces an individual’s ability to meet the demands of the other domain directly or indirectly inhibiting role performance. Finally, behavioral-based conflicts occur when behaviours transferred from one domain unintentionally inhibit role performance in the other domain. What is more, if the overall demands required of an individual are perceived to be too great their inability to meet these demands can spillover into a more global perception of stress (Voydanoff, 2005). Which in turn can negatively impact role performance in the domains of both work and home.

Apart from positive spillovers that can occur in time and mood, Edwards and Rothbard (2000) postulated four types of positive spillover. Spillovers in affect, occur when positive affect experienced in one domain results in improved role performance in the other domain through increases in self-efficacy, motivation, and positive interpersonal relationships (Edwards and Rothbard, 2000; Hanson, Hammer, & Colton, 2006). Spillovers in affect can also occur when individuals experience an increase in mood due to receiving praise or experiencing feelings of personal accomplishment as a result of the improvements in role performance.

Other forms of positive spillover; spillovers in skills, values, and behaviours, are thought to function in similar ways and occur through two processes (Edwards and Rothbard, 2000; Hanson, Hammer, & Colton, 2006). In the first process, skills values, and behaviours learned in one domain improve role performance in other domains by changing individuals' personal
schemas. For example, the value of hard work learned in one's family can transfer into a more general value of work ethic for application in other domains (Hanson, Hammer, & Colton, 2006). The second process involves the direct transfer of learned skills, values, or behaviours from one domain to another without influencing overall schemas (Edwards and Rothbard, 2000; Hanson, Hammer, & Colton, 2006). This occurs most often when learned behaviours, values, or skills are new and not yet solidified within the personal schemas of individuals.

The terms facilitation and enrichment have at times been used interchangeably with positive work-family spillover (Greenhaus& Powell, 2006; Hanson, Hammer, & Colton, 2006; Voydanoff, 2005). Both enrichment and facilitation are similar to positive work-family spillover, in that resources generated in one domain are thought to improve an individual's quality of life in the other domain (Greenhaus& Powell, 2006; Hanson, Hammer, & Colton, 2006; Voydanoff, 2004). However, some authors make a distinction between the three terms stating that enrichment and facilitation include material and capital gains which go beyond the gains in affect, skills, behaviours, and values included in the definition of positive work-family spillover (Hanson, Hammer, & Colton, 2006).

**Summary of work life and family life balance.** It is important when considering the work and home life balance to take into consideration a number of factors. Borders determine when, where, and how domain relevant behaviors occur and vary to the degree in which they are flexible, permeable, and blend (Ashforth, Kreiner, & Fugate, 2000). This along with an individual's role identity dictate where they fall on the continuum of segregation and integration (Kossek & Lautsch, 2008). What is more, as long as an individual prioritizes what is important and achieves their preferred balance between work and home life, it is possible for them to be
happy, successful, and productive regardless of whether they segregate, integrate, or volley between the domains of work and home (Edwards & Rothbard, 2000).

Individuals transition between the domains of work and family life by engaging in processes of role exits and role entries which often become synchronized with one other (Ashforth et al., 2000). Finally, even with borders and strategies for moving between domains in place, spillover from one domain can intentionally or unintentionally cause positive or negative effects in the other domain (Edwards & Rothbard, 2000; Hanson, Hammer, & Colson, 2006; Voydanoff, 2004). Overall the process of investigating the intersection of work and home life requires a close examination of an intricate play of resources, rules, behaviors, intentionality, and personal preference.

2.3 Home Office Setting

Individuals who work from home also fit into the categories of integrators, volleyers, and segregators (Ashforth et al., 2000; Kossek & Lautsch, 2008). Many individuals for example enjoy the increased ability to blend their work and family lives in ways they could not have done when working from a traditional office (Hylmo, 2006; Tietze, 2002). While many others experience distress over feeling unable to control family disruptions despite the firm boundaries and strict routines they employ (Hylmo, 2006; Tietze, 2002).

When working from home, a number of individuals describe their experience of finding balance between work and home life as an act of struggling and juggling (Tietze & Musson, 2002). This was due to two previously separate spheres colliding before the necessary accompanying narratives and discourses were fully formed (Tietze & Musson, 2002). However, many individuals can find balance between the two domains and make sense of the new narratives by creating and utilizing routines and practices. This is because in order to establish
such routines and practices one needs to engage in a process requiring both the questioning and understanding of one’s identity (Tietze & Musson, 2002).

Why do individuals work from home if many find it difficult to attain balance between work and home life? In a study conducted by Tremblay, Paquet, and Renaud (2006), Participants noted one of the primary factors responsible for their decision to work out of home to be the financial savings gained from working where they live. Participants also stated they chose to work from home because the conditions were better suited to their work needs resulting in their feeling more productive and comfortable. Several advantages to working from home compared with a traditional office setting (TOS) have also been documented throughout the literature. Some such examples include, increases in time and comfort, having a flexible work schedule, and the ability to socialize and engage in non-work related activities during the day (Banita & Yogesh, 2009; Hylmo, 2006; Tremblay, Paquet, & Renaud, 2006).

Several disadvantages to working from home compared with a traditional office setting were also noted within the literature (Banita & Yogesh, 2009; Fitzgerald & Winter, 2001; Igbaria & Guimares, 1999). Some individuals for example, reported feelings of guilt due to their children being around but being unable to interact with them. Many individuals also noted experiencing feelings of isolation from having limited contact with people outside of their home, particularly colleagues and co-workers (Banita & Yogesh, 2009; Igbaria & Guimares, 1999).

Summary of home office setting. In summary, individuals who work from home were shown to engage in acts of integration, segregation, and volleying (Hylmo, 2006; Tietze, 2002). With the formation of a new narrative often being required to understand how to balance the domains of work and home life when they occur in the same location (Tietze & Musson, 2002). Moreover, the highlighted advantages and disadvantages of working from a home office were
perceived to impact the work experience of individuals either positively or negatively (Banita & Yogesh, 2009; Fitzgerald & Winter, 2001; Hylmo, 2006).

2.4 Therapists as Respondents

It is likely that questioning therapists about their experience of working from home might offer something beyond what already exists in the literature. As understanding the experience of working from home involves a knowledge of boundaries (Clark, 2000), an awareness of the intersection of work and home life (Ashforth et al., 2000), and the creation of narratives (Tietze & Musson, 2002), it is thought therapists may have additional insight given the nature of their profession. Family counsellors for example, are required to adhere to strict professional boundaries as outlined in their professional code of ethics (American Association for Marriage and Family Therapists, 2012). What is more, family counsellors are expected to use their own ethical judgment for any grey or unclear areas of the required boundaries, seemingly making them well versed in understanding and implementing boundaries (AAMFT, 2012).

In addition, therapists are often excellent informants as they are required to maintain up to date and accurate session notes about their interactions with clients and methods of practice, which can be subpoenaed at any time (AAMFT, 2012). It seems likely that they would be well prepared to report on their interactions with others as well as on their own processes. Finally, therapists often possess excellent self and other awareness, as when working with multiple clients they must be sensitive to the multiple relationships in the room and adjust or repair the many alliances when necessary (Kindsvatter & Lara, 2012).

Therapists therefore, may offer a unique overall experience of what it is like to work from home both in relation to themselves and other members of their household due to their ability to inform and their knowledge and experience of boundaries, self, and interactions with others.
We turn now to the literature that currently exists on working from a HOS as a therapist.

2.5 Therapist Home-Based Therapy

The psychotherapy literature on conducting therapy in an analysts' home is similarly characterized by competing perspectives and highlights both benefits and concerns. Financial savings and the convenience and comfort of working out of home were noted as benefits in a (2003) study by Pepper. In addition, a number of participants noted appreciating and enjoying group sessions in their analysts' home because it made the analyst seem human and personable (Pepper, 2003). Some group members added their appreciation for being able to observe elements of the analysts' family life as well as personal information such as family photographs.

Other researchers however, have raised concerns with therapists working out of home even suggesting an end to the home office (Maroda; Langs, 2007). Some researchers for example believe analysts are motivated to work from home for inappropriate and personal reasons such as a desire to be known by clients or underlying anxieties (Langs, 2007; Maroda, 2007). Maroda (2007) took this further noting that if analysts are truly against engaging in actions that primarily serve analysts over clients then the HOS should be reconsidered because it places the analysts' desires and preferences above ensuring a proper setting and service to clients.

Working from a home office has also been thought to deliver mixed messages to clients about where they stand in relationship to their therapist and invite boundary crossings such as clients' forming sexual fantasies about the therapist (Langs, 2007; Maroda 2007). Langs (2007) for example, warned that although 'consciously' clients may find the environment pleasant, 'unconsciously' they may experience the home office as harmful. As such, therapists need to attend to the unconscious reactions to the setting their clients are unable to express. Others researchers however responded to this argument by highlighting that transference and whatever
else clients bring to therapy come from the client and not the therapist so analysts must be prepared for anything (Gargiulo, 2007).

Maroda (2007) cautioned of safety concerns regarding seeing clients in the home such as, clients intruding in the home space, and analysts being stalked by clients. Screening clients was noted as an ineffective process in overcoming such safety concerns because there is no way of telling a clients' suitability for being seen in the therapists home or the likelihood and degree of regression. Maroda (2007) also cautioned that one has to navigate a number of distractions significantly less likely to occur in a TOS if at all when working from a HOS. Some such examples provided were having to deal with the arrival of unexpected guests, a client experiencing car trouble, dealing with a service person, or children returning home from school. Gargiulo (2007) however, added that while distractions can occur in a HOS, they also occur in TOS in such forms as loud banging pipes or the delivery of mail. In this instance, distractions were not seen as an indication of a setting being unsuitable for therapy but something to be noted by the therapist and addressed with clients regardless of therapeutic setting (Gargiulo, 2007).

Furthermore, the most dangerous aspect of working from a home office is thought to be the unintentional sharing of personal information about the therapist (Maroda, 2007). The therapist cannot control information such as their SES, the presence or absence of children, or the make and model of their car, being exposed to clients simply by their being in the home. Nor can they control the conclusions clients draw from such exposure. Even though Pepper (2003) noted many of his group members appreciated seeing personal information about their group leader, he also noted that some members found the information to be over-stimulating.

Additionally, some authors have raised concerns about clients privacy and confidentiality being violated when they are seen in a home office (Langs, 2007; Maroda, 2007). One concern,
is that the presence of other family members in the home can jeopardizes the client's confidentiality, making them uncomfortable and hesitant to open up (Langs, 2007; Maroda, 2007). Langs (2007) and Maroda (2007) also expressed concern that clients privacy can be violated when they come to a HOS because they can be seen by others in the neighborhood. However, Gargiulo (2007), found this concept to be ridiculous and questioned when it became the responsibility of therapists to ensure client invisibility over confidentiality.

Pepper (2003) and Maroda (2007) add to the literature the difficulty a home office can have on the analyst's family. Pepper (2003) highlighted the issue of guilt and the analyst's family as experienced by both the therapists and clients. Therapists can experience guilt around needing to ask their family to remain quiet and out of sight when clients are present (Pepper, 2003). Whereas clients can experience guilt when they feel as if they are taking the analyst away from their family by being in their home space (Maroda, 2007). The blurring of boundaries that occur between home and work life was also questioned in relation to how it may impact family relationships such requiring children to play in certain areas during working hours (Maroda, 2007). Finally, it was also noted that some children may experience a lack of freedom from being involved in the processes of the home office without having a say (Maroda, 2007).

While many arguments against the setting of the home office were noted within the literature, Gargiulo (2007) and Mills (2007), argued that the problem is not the setting itself. Instead, what matters is how therapists conduct themselves within their environment and whether or not they create the space for successful therapeutic relationships to develop. Mills (2007) responded directly to Maroda (2007) stating the existence of an optimal setting in which to conduct therapy is an illusion and calling the HOS improper and asking for its abolishment denies clients and therapists the right to chose. Thus taking away the liberties of those who can
practice competently within a HOS. Furthermore, Gargiulo (2007) highlighted the most important aspect in psychotherapy to be the relationship between analyst and client. Adding that as long as a strong relationship exists and the analyst is working within their professional parameters and with integrity, than experimentation should be encouraged and mistakes honored for their help in advancing the profession of psychotherapy.

**Summary of therapist home-based therapy.** Overall, a range of perspectives exists on the home setting of therapy. It has been described as improper and outdated (Langs, 2007; Maroda, 2007); beneficial in some ways and problematic in others (Pepper, 2003), and only relevant if therapists fail to conduct themselves ethically within the setting (Gargiulo, 2007; Mills, 2007).

### 2.6 Current Study

The above examination of home based therapy was exclusively from a psychoanalytic lens and conclusions drawn were discussed in light of a psychoanalytic perspective (Gargiulo, 2007; Langs, 2007; Mills, 2007; Maroda, 2007; Pepper, 2003). As such, the existing literature may have limited applicability to the practice of other therapists. Research using a range of approaches is needed to expand our understanding of concerns and experiences related to offering therapy out of home. The goal of the present study is to explore how therapists perceive and experience working from home with a focus on how they make sense of the intersection of their work and home lives as well as their experience of conducting therapy from home.

The current study employed both in-depth semi-structured interviewing (Legard, Keegan, & Ward, 2003) and an open-ended online questionnaire (Stangor, 2007). Seventeen individuals from various disciplines participated all of whom conducted therapy from an office in their home at some point in their career. Interviews were audio recorded and transcribed. All interviews and
online questionnaires were analyzed using thematic narrative analysis (McLeod, 2011; Riessman 2002; Riessman, 2008).

**Epistemological position and paradigm.** I approached the current study from a social constructivist perspective which assumes that reality is created through the interactions of individuals and, as such, is a dynamic, ever changing process (Berger & Luckmann, 1967; Gergen, 2009). In addition, I assume that reality is relative to the context in which it is constructed or described and that there are multiple versions or perspectives of reality. As such, I saw therapists' reports not as straightforward reflections of their ‘inner’ experiences as fixed and context-independent, but as social constructions generated in a particular research context. This means that such reports, and their subsequent interpretations, could take a different shape if produced in interaction with another researcher or on another occasion. Exactly how my social constructionist standpoint impacted my research in the current study is outlined below during the reflexivity portion of the method section.

### 2.7 Summary of literature review.

The above review summarized the literature on therapeutic process and outcome, the intersection of work and family life, working from home in general, and conducting therapy from home specifically. This comprehensive review was presented for its relevance in understanding participating therapists' experiences of working and conducting therapy from a HOS. Before these experiences are explored the procedure and methods used for collecting and analyzing participant narratives are outlined in the method section below.

**CHAPTER 3: METHOD**

In order to explore the experience of what it is like for therapists to work and conduct therapy from home thirteen online open-ended questionnaires, and four semi-structured
interviews (telephone or Skype) were examined using thematic narrative analysis. All materials, procedures, and methods employed in the process of data collection and analysis are outlined below. We begin with an exploration of the current sample.

### 3.1 Participants

Therapists who have worked or currently work from a home office were recruited from within Canada and the United States. All procedures were first approved by the Ethics Review board at the University of Guelph (see Appendix A) and informed consent was obtained (See Appendices B and C) from each participant. The final sample consisted of 17 therapists from various disciplines presenting with a variety of credentials, preferred ways of working (See Table 1), and experience (See Table 2).

Narrative researchers are concerned with the in-depth analysis of a small sample in order to fully understand the experiences of a few, and therefore do not seek to generalize their findings to the larger population (McLeod, 2011; Riessman, 2002). As such, this participant range was viewed as appropriate to the experiences of participating therapists and not evidence of larger generalizability. It is important to note within the final sample participants of European decent outnumbered other participants fifteen to two (See Table 3) and women (10) outnumbered men (5) 2 to 1. The latter may be representative of the 'feminization' of the discipline with women shown to outnumber men ranging from 3 to 1 to a ratio of 10 to 1 (Philipson, 1993).

Recruitment efforts included emails (Appendix D) requesting the participation of therapists who have worked or currently work from a home office to publicly listed therapists, and professional listservs. Flyers were posted (see Appendix C) in grocery stores, malls, fitness centres, and doctors' offices to name a few locations. Additional participants were recruited using snowball sampling as participants were invited to assist with recruitment. Additional flyers
were available to give to participants for this purpose. Although a convenience sample is often associated with sampling bias, or when the sample does not represent the research population, representation and generalizability are not as relevant in conducting interpretive narrative research (Stangor, 2007; McLeod, 2011). Instead, other criteria of rigor and quality were utilized such as, demonstrating the integrity of the research and engaging in reflexivity processes (McLeod, 2011).

Interested participants contacted the researcher through email and were responded to in kind (see Appendix D) in order to ensure their eligibility for participation. Once their eligibility was confirmed participants were provided the opportunity to choose between participating in a 45 minute interview (i.e., telephone or Skype) or participating online in a 20 to 25 minute open-ended questionnaire. For their time and effort each participant was entered into a draw for the chance to win one of two 20 dollar gift cards to Amazon.ca or Amazon.com.

Participants were recruited until saturation was reached (McLeod, 2011). This occurred when the researcher consistently found participants were providing more similar information than different.

3.2 Materials

Participants were provided the option of participating either through an interview (telephone or Skype) or an online questionnaire. Both methods of data collection are briefly defined and outlined below.

Spoken Interview. In-depth semi-structured interviews were chosen for the current study as they combine both flexibility and structure (Legard et al., 2003). Using this type of interview allowed the researcher to generate questions in light of prior data collection and analysis and openly explore ideas as they came up in the interview (Legard et al., 2003). This interview
structure also allowed for a deeper exploration of participants' responses than many other data collection methods would have, including open-ended questionnaires (Legard et al., 2003).

The structured interview questions (see Appendix F) were based on the existing literature. Questions six and 11 were based on the therapeutic process and outcome literature. More specifically, these two questions were based on the four factors of extratherapeutic factors, therapeutic alliance, therapeutic technique, and expectancy and placebo effect (Lambert, 1992; Miller, Hubble, & Duncan, 1995; Sparks, Duncan, & Miller, 2008). Questions two and seven were based on the literature of the intersection of work and family life including the concepts of borders, transitions, segregation and integration, routines, and spillover (Ashforth et al., 2000; Clark 2000; Kallith & Brough, 2008; Voydanoff, 2004). Interview questions three and four were based on the literature of working from home in general, such as the expressed advantages and limitations of working from home and the formation of new narratives (Banita & Yogesh, 2009; Hylmo, 2006; Tietze & Musson, 2002; Tremblay, Paquet, & Renaud, 2006).

Questions five, and eight to 11 were designed in order to inquire about both the positive and concerning elements of conducting therapy from home outside of the areas of therapeutic process and outcome. This was done to reflect the discrepancy that exists within the psychotherapy literature on working from home as a therapist (Gargiulo, 2007; Langs, 2007; Maroda, 2007; Mills, 2007; Pepper, 2003). Questions one, two, and 12 to 14 were created to provide context to the experiences of participants as well as provide an opportunity for participants to share anything that may not have been asked about their experience.

Participants were also asked a series of demographic questions. These questions were created in consultation with a previous supervisor and selected based on the demographic information commonly collected in her qualitative research. Questions around the discipline and
credentials of participants were used in order to obtain their professional backgrounds. This was to ensure the current study expanded the existing literature on therapists and the HOS outside of the field of psychotherapy. Other demographic information, for instance gender and years of experience, were used to provide context to participants’ experiences of working from home.

Finally, throughout the interview participants were also asked a series of follow-up questions based on their responses and themes from prior participants. In this way the current study capitalized on both the structure and flexibility of the semi-structured interview.

**Online Questionnaire.** An open-ended online questionnaire option was also provided to participants. This method was chosen to supplement the interview as questionnaires often have a higher response rate than lengthy interviews and participants are not influenced by the presence of the interviewer as they form and complete their responses (Stangor, 2007). A questionnaire format was also selected because when participants are able to respond under a cloak of anonymity there is a greater tendency for them to respond honestly (Stangor, 2007). Open-ended questions were selected for their ability to elicit in-depth information from participants in order to help elicit a rich description of the experiences of respondents’ (Stangor, 2007). The questionnaire was offered online as all communication with participants was done online.

Qualtrics Online Survey Software was utilized to create and distribute the questionnaire through a hyperlink. Qualtrics was chosen for its user friendliness and confidentiality (Qualtrics, 2014). The online questionnaire (see Appendix G) consisted of open-ended questions designed to elicit participants' experiences of working and conducting therapy from home. Apart from some brief demographic information which contained multiple choice questions. The questionnaire contained a subset of the questions outlined in the semi-structure interview as it was designed to be completed in a shorter time period than participation in the interview.
**Dedoose.** Dedoose, a qualitative and mixed methods research tool, was selected to aid in the process of analysis. Operating from a secure web browser, Dedoose offered a way to help organize and secure the data set during the creating of excerpts, codes, and themes. After each interview was transcribed and each questionnaire completed they were uploaded into Dedoose under password protection and treated as confidential by the company (Dedoose, 2014).

**Summary of materials.** Taken together the two methods of data collection in the current study seemed to support one another's strengths and limitations. The inconveniences in length of time, commitment, and loss of anonymity of the semi-structured interviews were supported by the convenience in time, commitment, and anonymity the online questionnaires provided (Legard et al., 2003). Furthermore, the lack of in-depth responses often obtained on the open-ended questionnaires was countered by the rich data collected and the ability to follow-up on responses the semi-structured interview provided.

### 3.3 Procedure

Once recruited and screened for their eligibility participants stated their preference for completing an interview (telephone or Skype) or the online open-ended questionnaire.

**Interview.** Four participants chose to complete the interview option. Although they were required for one 45 minute interview the completed interviews ranged from 45 minutes and 55 seconds to one hour seven minutes and 54 seconds.

In order to provide a complete record capturing the content of participants' reports for later transcription interviews were audio recorded and participants were reminded of this at the beginning of the interview (Legard et al., 2003). Participants were assured that once recorded their interview would be labeled using numbers and stored in an encrypted space on a password-protected laptop. Consent forms were stored in a locked filing cabinet in my private office.
Following completion of the interview participants were asked if they had any questions or concerns about their participation or about the study in general. Participants' contact information was collected and placed in a ballot box for the Amazon.ca/com gift card draw and participants were asked if they would like to receive a completed copy of the study.

**Online Questionnaire.** Qualtrics Online Survey Software was utilized to create and distribute the online questionnaire (see Materials). Thirteen participants chose to complete the online open-ended questionnaire option. Although they were required for a one time commitment of approximately 20 to 25 minutes, participants response times ranged from 7 minutes and 49 seconds to 7 hours, 5 minutes and 48 seconds. Written responses ranged from a couple of words, to a couple of paragraphs for each question. When selected, participants would follow a link to the online questionnaire where they were asked to respond in writing to a number of structured questions about their experiences of working and conducting therapy from home as well as complete a series of demographic information questions (See Appendix G).

Following completion of the questionnaire participants who emailed me their contact information were added to the ballot box and those who wished to receive a copy of the study were added to a folder on a secure laptop. Participants were thanked for their time and their responses were recorded. Once participants' responses were complete they were stored on a password protected laptop and within the secure confines of the Dedoose Qualitative Analysis software program (see Materials section).

After the interview and questionnaire responses had been uploaded to Dedoose, the data set was analyzed following the thematic narrative analysis (TNA) procedure outlined below.

**3.4 Analysis**
Narrative analysis. Narrative analysis (NA) was chosen for the current study due to its compatibility with the exploratory purpose of the study and my interest in an in-depth understanding of the topic. Narrative Analysis was also selected because many forms are rooted in the social constructionist, interpretivist perspectives I endorse (Riessman, 2008).

Narrative Analysis is based on the assumption people make sense of, and communicate to others, their experiences in the form of stories (McLeod, 2011). Some researchers who utilize NA believe that participants tell stories and researchers present the information they receive as stories; that is, researchers generate narratives of participants' narratives (Riessman, 2002). McLeod (2011) tentatively defined a story as “an account of a concrete, specific event, with a beginning, middle, and end, an active protagonist, and some kind of dramatic climax” (p. 187). He also highlighted that there is no consensus on what constitutes a good or coherent story. Other researchers agree that narratives can be defined in various ways: as discrete units with clear beginnings, and endings; as stories in their entirety; or as single incidents or events (Riessman, 2008).

Narrative analysis is different from other qualitative analyses because it looks beyond what is said to how it is said or structured and keeps the story intact without breaking it into isolated fragments (McLeod, 2011; Riessman, 2002). Storytellers can highlight importance in their story through the way they choose to construct their experience by engaging in the use of elongated vowels, emphasis, changes in pitch, or repetition throughout their story. By analyzing stories as a whole, narrative analysts generate a unique understanding of participants' accounts by attending to their unique meanings and the ways in which they share their experiences.

Thematic component. Adding a thematic component to the narrative analysis process brings the focus almost exclusively to the content of what has been said (Riessman, 2008).
Coding participant stories for themes, meaning units, or categories is a technique used by many other qualitative analysts and can be very useful in capturing meaning within stories that would otherwise get lost if taken out of context and examined in isolation (McLeod, 2011; Riessman, 2008). Thematic narrative analysis looks at the content of what was said within the story while keeping the story whole in order to understand the experiences of others (McLeod, 2011). This allows the researcher to gain a potentially deeper meaning of the themes because the meaning will be taken in the context it was delivered, much like narrative analysis (McLeod, 2011).

**Thematic Narrative Analysis.** As there are almost as many ways to conduct a TNA as there are qualitative researchers I familiarized myself with a number of different ways TNA can be conducted before selecting exactly how to structure my analysis.

One approach to TNA already has the thematic focus picked out before engaging with the data set (Riessman, 2008). That is, some researchers approach their data set with the focus of what they are looking for already determined by previous research or the research question itself (Riessman, 2008). It seemed better suited to let participants' experiences guide the focus of analysis rather than have predetermined categories from which to code the data given both the exploratory nature of the current study and the limited body of research that exists on conducting therapy from home.

With that said, given my engagement with the literature on conducting therapy from home, it would be impossible for my analysis to not be influenced, at least in part, by the existing literature/conceptual framework (Frost, 2011; Riessman, 2008). While my focus remained on what participants were saying and presenting in their narratives, the codes and themes that I created were at least in part guided by the literature. That is some of what stood out in participants' narratives were things that made sense or seemed contrary to what I read in the
literature. Therefore, while the main focus of my analysis was on what participants were presenting in their narratives I was still guided by the existing literature, just not confined to it.

Another common approach to TNA I had considered was presenting in the results section whole narratives with multiple themes (Riessman, 2008). While presenting participants' narratives in this way often provides readers with the opportunity to view changes over a longer period of time as well as view multiple themes at once (Riessman, 2008; Wong 2012). This technique did not appear well suited for the current study as participants were seen to tell several smaller stories albeit indicative of larger contextual and temporal circumstances. In this way presenting several segments of bounded text, or pieces of participants' overall narratives better represented their experiences of the highlighted themes. Had participants entire narratives been presented a lot of information would be lost or distract from the presented themes resulting in a confusing presentation for the reader. However, the chosen themes are presented in such a way that an overall contextual sense of the participants' experiences of working from home is maintained throughout.

After familiarizing myself with a variety of ways TNA can be executed, I decided on an approach outlined by Frost (2011), and Lieblich et al. (1998), supplemented by Riessman (2008), and utilized by Fallbjork, Frejeus, and Rasmuseen (2011). A detailed outline of how the TNA was conducted within the current study is presented below. In order to remain reflexive while engaging with the data I continuously recorded my thoughts, feelings, and potential bias towards the data as each step was carried out.

*Getting acquainted with the data.* I familiarized myself with the data by reading and re-reading each participants response at the surface level, or what was explicitly presented without going into a deeper subjective, or intuitive level (Riessman, 2008). Phrases or examples that
stuck out were noted as well as words that were repeated. After I felt I had become sufficiently aquatinted with the data I sought to get to know it at an intimate, or deeper implicit level.

**Step one.** All content within participants' responses whether interview or questionnaire were explored in relation to the research topic; the experience of working and conducting therapy from home. Related content was then placed into excerpts, or bounded segments of text, for further coding (Frost, 2011; Lieblich et al., 1998). Excerpts were created using well-defined meaning units. For the purposes of the current study meaning units were defined as: any thought, feeling or behavior with a clearly identified beginning, middle, and end (Riessman, 2008). For a detailed breakdown of the terms used within the meaning unit, please see Appendix H.

The excerpts at this point were treated separately from the overall narrative while keeping contextual details within the interpretation of the data (Frost, 2011; Lieblich et al., 1998). In order to make the focus about participants' experiences during the creation of the excerpts my statements, questions, and verbal encouragers were removed (Riessman, 2008). This also served to produce clean and clear quotations. In addition, other than being edited for minor grammar errors, participant responses remained as they were presented including any emphasis presented or conveyed within their responses.

Even though I was not presenting large or complete narratives within my results section I decided to place each participant's overall response in chronological order. This was then used as a reference while coding and creating themes to help keep contextual details such as changes over time, included in my interpretation of the data (Daly, 2007; Webster &Mertova, 2007).

**Step two.** The excerpts were then examined for the purposes of creating dominate or parent codes, and sub or child codes (See Table 4). Coded segments ranged from containing individual words and sentences to phrases or several sentences (Frost, 2011; Lieblich et al.,
1998). The codes consisted of main points, episodes, thoughts, feelings, and events and were used as a way to summarize the data set (Riessman, 2008). During this step I engaged in continual reading and re-reading of the data in light of the new codes that were created (Frost, 2011; Lieblich et al., 1998). This allowed me to create codes not only based on what was explicit in participants responses but also on what was implicitly stated within them (Riessman, 2008). During this step I chose to create several nuanced themes because they helped to retain the contextual details of participants' overall narratives (Frost, 2011; Lieblich et al., 1998).

**Step three.** By using the summary coding the data provided, along with my list of chronological events in order to uphold the contextual details, I was able to examine the similarities and discrepancies across participants' narratives (Fallbjork, Frejeus, and Rasmuseen, 2011; Riessman, 2008). Recurring as well as discrepant elements were then collapsed into themes (See Table 5). Themes can be defined as meaningful patterned responses to the research question and can vary in size and scope depending on the researchers preference (Braun & Clarke, 2006). The various codes and sub codes were categorized and placed within relevant themes (Frost, 2011; Lieblich et al., 1998).

**Step four.** The contextual details of each narrative, along with the existing literature on working and conducting therapy form home, were then used to help explain or make sense of the themes (Frost, 2011; Lieblich et al., 1998; Riessman, 2008). After several examinations of the created themes and sub themes, I began to prioritize the themes based on their relevance to the research question. This was accomplished by comparing the prevalence of each theme; its relevance to the existing literature; its uniqueness; and the intensity behind the theme. The prioritizing of themes also involved consulting my reflexive notes created throughout the entire process of analysis.
In order to determine which bounded segments of text best represented each of the chosen themes (See Table 4), the codes or content within each theme were examined. The segments were chosen based on their clarity; how well they described the experience; how similar their experience was to other participants; and, or, how relevant to the theme the selected text was (Fallbjork, Frejeus, and Rasmuseen, 2011; Riessman, 2008).

**Summary of thematic narrative analysis.** I first familiarized myself with the data set by reading and re-reading the text while documenting what stood out to me. This included my thoughts, feelings, and potential bias toward the literature; a reflexive practice I maintained throughout all subsequent steps. I then broke the narratives into smaller excerpts while continuously comparing them to the chronological overview of each narrative. Next I coded each individual narrative as a way to summarize the data before beginning my examination between narratives. At this point I created themes by collapsing various codes into one another and highlighting the similarities and discrepancies between participants' experiences of working and conducting therapy from home. The themes were then explained or made sense of in light of the contextual information within each narrative and the existing literature. Finally I prioritized which themes to write up in the following results section and found the most appropriate and informative segments of text to help illuminate each of the chosen themes.

### 3.5 Summary of Mehtod Section

The narratives of 17 participants were collected using an online questionnaire and spoken interview (telephone or Skype). The four interview and 13 questionnaire responses were examined utilizing TNA in order to preserve the overall context of each participants' experience of working and conducting therapy from a HOS. Upon using the outlined analysis procedure
above seven commonly addressed themes were chosen for presentation in the data analysis section below.

**CHAPTER 4: DATA ANALYSIS**

Seven themes were chosen for presentation: evaluations and expectations of the home office; intersection of work and home life; therapy is the same; control; safety; professionalism; and cybercounselling. These themes were prioritized over other possibilities as they were discussed in depth and by a greater number of participants than the other possibilities. Themes that were discussed by few participants and not in depth included: the personal growth of therapists, the physical layout and description of the home office, the atmosphere a home office emits, why individuals started working from a home office, and why individuals stopped (three out of 17 did), working from home. While these themes were not expressed as often or were not as fully developed as the themes chosen for presentation, they are worthy of note and future research would be warranted in exploring them in greater depth.

While the results are weighted more heavily towards positive evaluations and experiences of the home office this reflects the greater number of positive evaluations and experiences shared by participants within the dataset. This potential bias towards the home office could be a function of more people having participated in the current study that hold a positive evaluation of the home office, or participants' belief that I as a researcher was looking for positive evaluations and experiences. This bias may also be a function of participants felt need to justify their decision to work from home (Maroda, 2007).

Although most results are actual quotations about participants' experiences and evaluations, participants also expressed secondhand evaluations they had heard or experienced from colleagues, clients, and family members. Consequently, any secondhand evaluations
provided by respondents were told through the lens of their own experiences and understanding, and then represented through the lens of my experiences and understanding.

We now turn to the presentation of participants' experiences of working and conducting therapy from home, beginning with evaluations and expectations of the home office.

4.1 Evaluations and Expectations of the Home Office

Throughout the dataset participants made evaluations and shared expectations about the HOS and working as a therapist. Participants also presented a number of secondary evaluations and expectations from clients, family members, and colleagues. As the evaluations and expectations were vast they were placed into the subcategories of therapist, client, family, and professional evaluations and expectations of the home office (see Table 5 for definitions). We begin with the evaluations of the home office as experienced by participants themselves.

**Therapist evaluations and expectations of the home office.** Some participants noted having a positive experience in relation to working and conducting therapy from home. Those who provided a positive evaluation of the HOS ranged from enjoying working from home, "I thoroughly enjoy conducting therapy from home"; to loving working from home, "So far, I love it. …I love my office". Some participants also viewed working from home as an overall positive experience, "It has been an overall very positive experience working from home. …It is a joy to get up in the mornings and greet my clients". Some participants even went so far as to say they liked working in a HOS better than in a TOS, "I have loved it! loved it! I have never looked back and thought I wish I had an office …it was one of the smartest things I did". At times reasons were even provided as to why they liked the HOS better, "I feel more at ease and relaxed and rarely feel tired working from home. I am the most relaxed I've ever been".
For other participants, their evaluation of working from home was mainly positive or “nearly perfect" but did contain some concerns, "I like it. I occasionally worry but rarely”. In addition, some participants started off with a positive evaluation of the home office but found it did not last throughout their entire experience:

“At the beginning when they were quite young it was great because I could see them a lot …So it really worked for that kind of time period, and then like I said as they got older and more aware of me being there and just the normal kid stuff fighting with each other and, or screaming and running down the hall it started to make me feel more anxiety I guess”.

In comparison, some participants shared how the expectations held by others about therapists who work from home resulted in a negative experience of working from home:

“I am somewhat uncomfortable, because there remains among both clients and therapists an unfounded belief that somehow the quality and professionalism of a therapist is related to his or her ability to support an office in a professional or medical building.”

In addition to offering overall evaluations of the home office, participants shared many benefits and limitations to working from home. The most commonly provided benefits were the gains in time participants received. These gains in time were appreciated whether it was being able to “make time for my clients”; or, “stay with my kids as long as possible”; or simply having less wasted time, “When clients are unable to attend sessions, I can enjoy the comfort of my home or complete tasks in my life”. Other commonly shared benefits were of eliminating the commute “It was wonderful to have no commute”; financial convenience, “It's a really nice way to keep your cost down and gain that financial independence. I think this is a really good way for women to do that”, and being in an environment that supports their needs, "I'm in a wheelchair so going to the bathroom is an issue for me so I have someone here to help me when I need to".
In the way of limitations some participants noted feeling the home office “could be very isolating”, and often created “issues of parking”, and occasionally problems with neighbours:

“Some of my neighbors were concerned that the people walking up our driveway were there to rob us, and they confronted my clients. That only happened once, and then the neighbors understood”.

For others the limitations were more around feeling concerned about confidentiality and not having a waiting room:

“I don't have a waiting room in my home office, and if it seems that someone may be waiting for another, I've warned people up front and suggested that they run an errand while waiting for the other person. This has always worked out but I'm not completely comfortable with it”.

With some participants focusing on the difficulty in staying on top of keeping the home environment clean and presentable for clients at all times, “I sometimes scramble to tidy and clean the washroom shortly before a client's arrival”.

In addition, some participants shared the expectation that therapy offices should look a certain way while highlighting the ways their HOS met these expectations:

"The office contained everything one would expect in a professional office, including a dedicated washroom with residential-quality amenities …There were never any phone or other interruptions, nor were there any distracting sounds originating outside the therapy room”.

While other participants focused more on describing expectations for the way their home office should feel:

"I do feel that things need to be welcoming for people and I think it does reflect on you if your toilets haven’t been cleaned for you know three weeks or something. I know I would certainly be considering the therapist I was seeing if the bathroom was a mess”.

In sum, while participants shared many benefits and positive or mainly positive evaluations of their experiences, there were still some participants who expressed negative evaluations, expectations, and limitations to working from home as a therapist.
Client evaluations and expectations. An absence of client comments about the HOS were noted by some participants, "It rarely is specifically mentioned by my clients either in a positive or negative sense". Other participants provided evaluations and expectations of the home office their clients shared with them. For example, some participants noted their clients had positive evaluations of the HOS, "They share how they feel safe and that the setting is warm and not cold and clinical". With descriptions provided by clients for why they found the HOS to be a positive experience, “they are comfortable attending sessions here, it feels professional yet warm to them". Some clients stated appreciating the HOS because of the trust the setting provided, "they like it, feel like they know me, feel like I trust them to invite them into my home". Whereas other clients were found to appreciate the privacy and distance the HOS allotted them:

"I've had famous people come to me where there would be concerns about paparazzi and people powerful in industries and business that felt more secure coming to my home because they could just be visiting somebody. There wasn't any danger of being exposed".

Participants also shared their clients' negative evaluations of the home office, "I could tell he was uncomfortable with where I lived. His visit to my home was the last session we had". For some, the setting was found to be unprofessional, "they said I don't know this isn't quite for us. Just because it wasn't a professional office in an office building". Whereas other clients expressed discomfort in being seen in a HOS, "On extremely rare occasions, totalling about four times in three years, a client expressed discomfort about visiting a therapist outside a professional building".

Some participants highlighted that clients had left because their office was located in their home with some clients even becoming upset at the realization:
"She said 'This is your home! I can't believe! I am not going to leave my daughter here in your home! I knew we had given her that information but she expected me to be in a clinical office so she was very upset and stormed off with her daughter."

Participants also shared the expectations their clients held about the HOS. Some participants found their clients held the same expectations about therapists and therapy when being seen in a home office, "I don’t think there was any difference in expectations". Whereas, other participants shared stories of how their clients were not expecting them to work from home, "When client's call sometimes they are surprised to hear that I work out of my home". Other participants discussed how some of their clients, particularly clients who did not hold established expectations about what therapy is, could be confused about the nature of the therapeutic relationship in a HOS:

"I think for clients who are new to therapy it might be a confusion for them …. I think having someone come to your home you got to be really clear as the therapist about what is the nature of this relationship".

Overall, some clients evaluated and held negative expectations of the HOS due to distractions and feelings of discomfort, whereas other clients reported positive evaluations appreciating the warmth and trust the HOS provided.

**Family evaluations and expectations of the home office.** Participants included within their narratives their family’s evaluations and experiences of the home office. Some reported that their family was unaffected by the home office because they “saw clients only during business hours, when everyone else was working”. However other participants noted their family as being understanding, "My family members have always been agreeable and understanding". As well as being respectful of their needs while with clients “I need complete quiet for concentration and confidentiality and everyone is respectful on the days when clients consult with me".
Some participants noted their family members feeling bothered at times by the presence of clients or the home office in general, “Family members are at times slightly inconvenienced in that I expect them to make themselves scarce as clients are entering the house or leaving”. For other participants, members of their family or personal life had a more negative evaluation of the home office ranging from being uncomfortable:

“It made her feel uncomfortable because the bathroom available to her was on the other side of the office where I saw clients. She would often wait to use the bathroom until after I was done seeing clients, and she did not like doing so”.

To resenting being asked to leave during client sessions, “He mentioned how upset he was about being kicked out of our home”.

What is more, a discrepancy seemed to exist within the dataset in that some participants' family members would express their distress in regard to the home office:

"I have a son who at 8 years old when I sat down to dinner one night said 'I feel like I only get visited by a therapist at dinner time' laughs So I said to him 'you think I am working too many hours honey?' and he said yes", often leading to a change or resolution, "So that's when I moderated the hours I was working out of my home". Whereas members of other participants' families would not express what was bothering them about the HOS, “but I remember when we broke up that he did let me know then about how angry he was for needing to be kicked out all the time”.

Although some participants noted their family expressed their evaluations and expectations of the home office whether positive, neutral, or negative, other participants had no way of assuring their family was being honest in how they felt in regard to the HOS.

**Professional evaluations and expectations of the home office.** Participants highlighted the evaluations and expectations of their colleagues in regard to the home office. Some of their colleagues did not have much to say, "I think some people said oh that’s great you can work out
of your house, you know they thought that for the stage that I was at in *my life* that was great*. Whereas other colleagues were found to be supportive during times of doubt, "I remember saying 'Oh my god I've made such a *mistake* having my office *in my home*’ and she said "well, obviously she's not the client for you".

Throughout their narratives participants spoke of a bias towards the HOS that exists within the field of counseling. Some participants directly stated this bias, "I think that there is a lot of bias among colleagues", as well as described times colleagues expressed concern about their working from home, “people were very wary of me practicing on my own they said, you can't see male clients because how will you be safe!". While other participants appeared unaffected by comments such as these challenging them right back, "Some social workers on an online list felt it was unprofessional. I reminded them that Freud had an office in his library in his home".

For one participant the expectation that therapists work out of a TOS was so strong she did not even feel like a real professional when starting to work from home, " I think psychologically in my mind I wasn’t a real therapist yet because I was working from home". However, this feeling was reported to evolve once she realized people she admired as clinicians also worked from home, "she was in the Netherlands and I guess it's very common in Europe for clinicians to actually work from their homes they don't work in offices per se". Leading this participant to begin to challenge the bias against the HOS, " I know that there are still some people who believe that working from your home is not okay so I try to challenge that because I think it's something that hasn't been examined".

While there were supportive or unconcerned evaluations of the HOS shared by participants’ colleagues, others shared strong negative evaluations and expectations. Often these
negative evaluations were interpreted as their colleagues holding a biased perception against the HOS. With some participants responding by challenging their colleagues and others becoming concerned about their professionalism and how they are viewed by other professionals.

**Summary of evaluations and expectations of the home office.** In summary, there are diverse evaluations and expectations of the HOS across individuals. Whether therapist, client, family member, or colleague, many individuals reported strong feelings for or against the HOS, with few reporting neutral feelings.

### 4.2 Intersection of Work and Home Life

Participants spoke in depth about how they made sense of their work and personal lives occurring in the same location. For some participants this was a nonissue or, "Wasn't a concern". Other participants however, spoke in depth about how they either kept the two spheres separated, "I treat it like my office -very separate from my home", or integrated "When clients leave, it's so convenient for me to do my notes while I'm on my sofa, or for me to make my lunch right away in my own kitchen". The differences in these expressed experiences lead to the creation of the subcategories, strict separation of home and work life, types of separation, problems maintaining separation, integration of work and home life, and ways of integrating work and home life. See Table 5 for definitions.

**Strict separation.** A commonly expressed subtheme throughout the narratives of participants was maintaining a strict or complete separation between their work and home lives, "My personal life is my home upstairs, my professional life is my office downstairs. I simply don't mix the two". For some this separation was maintained by establishing rules with their friends and family, "if I'm with a client the rule is, "Unless the house is on fire..."", or creating and implementing systems:
"My children and grandchildren are aware of my working and we have developed systems to check to see if I have clients and entering our residence from an alternative door".

While for others it was more about maintaining a routine "I have a strict daily routine", or establishing boundaries with clients, particularly with children, "Many children are curious about my life and I am very clear with children on the boundary of my working area".

A commonly expressed subtheme within the narratives of participants was the importance of keeping a strict divide between the therapists' home and work lives.

**Types of separation.** The various ways separation was created and maintained between participants' work and personal lives was also discussed. For example, some spoke of needing a physical divide:

"The physical separation between my home and office makes a big difference. …I think the fact that it feels like an office and is very separate from the house makes it a positive experience".

With physical divides often including separate facilities so clients would not have to enter the home space, "My wife and I specifically bought a home that had a separate entrance and bathroom for this purpose". While other participants used psychological cues to help them keep the spheres divided, "When I close my office door and head upstairs, work is over and personal life begins". Often, psychological cues included the way they dressed, "One funny thing that I have noticed is that while I usually wear slippers at home, I always make sure I have proper shoes on for client appointments".

Other participants highlighted using temporal cues as a way to maintain the separation, "I set a schedule from 9 am to 3pm". While some participants spoke of utilizing multiple ways of keeping the two spheres separated, "I have a strict daily routine and try to maintain separation between office and home, physically and mentally".
Throughout participant narratives it was commonly expressed that some used the physical, psychological, and temporal cues in their environment to prevent aspects of their personal and work lives from overlapping.

**Problems maintaining separation.** Respondents also discussed the difficulties they encountered while trying to keep their work and personal lives separate. Some highlighted difficulties created by clients:

"I had a client show up at my door at the wrong time one time and I was in my housecoat. I was embarrassed and I think she was, too, but I'm pretty good at making light of things and having fun with it. It all worked out well".

While others described situations where the therapist was not present to deal with clients, "there are issues of new clients coming to the home when I am in session or not home".

Other participants were challenged by distractions in the home while in session, "Another challenge is when someone comes to the door and can be persistent, or a family member coming in making some noise and forgetting that I'm downstairs with clients". Or by preventing emotions from one domain spilling over into another domain, "if you're working in an office you can be having a bad day and you can go home and you can separate the two".

While participants worked to keep the domains of work and home separate, many were at times faced with challenges or disruptions to their desired separation.

**Integration of work and home life.** Other respondents noted making sense of their work and personal lives occurring in the same space by incorporating elements of the two spheres. Some spoke of mixing elements of their work into their home life "Working at home, I could work on bookkeeping, marketing, organizing and more around the clock". While others discussed mixing elements of their home life into their work life, "I think it's nice that I can offer people cup of tea if they are not feeling well and you know a glass of water if they are thirsty".
Respondents also highlighted challenges to mixing elements of their work and personal lives. For instance, having difficulty keeping work from taking up too much of their personal time, "There is always stuff to do and so consequently because it's in my house the boundary, the work time and the non-work time is very blurry".

Within their narratives some participants stated their preference for, as well as difficulties with, integrating aspects of their home and work lives.

Ways of integrating work and home life. Some participants integrated the domains of work and home life by engaging in work activities during what would normally be considered personal time:

"I routinely worked on client charts every evening, and I prepared long scripts for the coming week's hypnotherapy sessions during weekends. I could do so at night if I could not sleep".

While others discussed situations when elements of their personal life overlapped with elements of their work, such as times when their family would directly interact with clients:

"My kids were really attuned to having people come through, they would greet them and then they would go and do what they did and then greet them when they left and not greet them on the street if they saw them".

Other participants stated their preference for having aspects of their work and home lives blend, "I tend to have them blend". That is to move seamlessly between the two, "I like having the flexibility of moving from a client appointment to cooking to housework and back". With some respondents making a distinction between the type of work they engage in, "Well there's a difference between clinical work and the back-up to clinical work, the paperwork the reading articles for clients". Noting their preference for their ability to integrate the domains of work and home outside of direct interactions with clients when working in a HOS in ways they could not in their more TOS:
"I schedule my clients 30 minutes apart so that I can come upstairs between them, enjoy a cup of tea while finishing up my notes. That aside, the experience of seeing clients in my downstairs office is not substantially different than in my Oakville office".

Many participants described their preference for mixing elements of their work and personal lives in different ways and to varying degrees.

**Summary of the intersection of work and home life.** Overall, participants made sense of the intersection of work and home life by actively working to keep them separated, integrated, or blended. With many encountering challenges to maintaining their preference along the way. We move now to a theme exploring the experience of conducting therapy in a HOS.

**4.3 Therapy is the Same**

Within the data set, participants commonly expressed their belief that therapy sessions were no different in their home office than in other therapeutic settings. Some participants for example, acknowledged that working from home did not change the way therapy was delivered:

"I can't think of any qualitative differences in terms of delivery of service for me you know. I think I am really congruent either in an office versus in my own home office".

Nor did it change the way they conducted themselves in session, "I conduct therapy in my home office just as I would in any other office". Analysis of the dataset revealed all of these participants to have discussed differences between the HOS and TOS in other areas of their narratives whether benefits, limitations or both. However, upon closer inspection of their complete narratives it became clear that while they believed differences exist between working in the two settings these differences did not extend to the session itself, "Once the session begins, however, I don't notice any difference. My client is my focus and I believe my presentation, my approach, and my effectiveness is quite similar in either setting".
Some participants spoke in depth about the ways therapy is similar and what makes it so, leading to the creation of the two subthemes: therapy is more similar than different and what makes therapy the same. Although not as commonly expressed within the dataset, some participants spoke in depth about how they believed therapy is different when working in a HOS leading to the creation of the subtheme: therapy is not the same. Please see Table 5 for definitions.

**Therapy is more similar than different.** Participants noted that while therapy sessions were mainly similar there were some minor differences. One such example was the similarities in cliental:

"A difference in the types of clients that I see in my home, or the presenting concerns that they come with. Pause No. I mean there's clearly a difference between the incarcerated inmate and parole client and my typical client."

With a slight difference in cliental being stated as a function of where their office was located:

"Working in a house attracted more suburban people. They were very much into family, they were into relationship issues, issues with their kids, or stress, or coping or things like that."

Other participants equated the distractions to those that occur in a more TOS:

"Noise was a problem one time in the summer when my neighbour was having work done on his house. But it was also a problem at my other office one time in the summer when the parking lot was being paved."

For some participants therapy was the same in a HOS apart from some added benefits, whether it was having more at their disposal:

"there's more kind of at my disposal to play around with if I need it, and if I want it, it's here. If I want something I can just go into another room and get it off the computer and print it off of or we can look something up if we need too. It's a little bit more relaxed in that there are more augments available to us if we need them."

Or having their therapeutic options expanded:
"The only difference I recall was with my work with children. I was able to take some children into my yard to play games or to play basketball, which I could of course not do in a traditional office. It was very helpful with some children, particularly some hyperactive boys".

Overall, it was commonly expressed by participants that apart from some minor differences and benefits that resulted as a function of the HOS, their experience of conducting therapy was more similar than different in comparison to a more TOS.

**What makes therapy similar.** In addition to discussing how therapy sessions are similar participants also discussed what they believe makes them similar. For some, this involved being in the right role or having the right headspace, "You have to have the mindset that it is a professional space". Whereas for others it was more about having an established way of being or conducting therapy:

"Of course, after many years of working as a therapist in an agency setting, I have a pretty well-established way of working with people, and that does not change when working from home. I'm not sure that it would have turned out that way had I started out working from home".

Other participants highlighted that what makes therapy similar is responding similarly:

"But like everything I'm noticing what are their defenses because of the material that we're starting to talk about what is their way to try to escape if we get too close to something. So everything just folds back into doing therapy".

With some respondents adding that their job is to deal with what comes up not control it, "It's like stop trying to control or stem the tide and just deal with what comes up …your job is just to deal with whatever walks in the door".

Some participants also added the importance of having their family respect their space when in session "I need complete quiet for concentration and confidentiality and everyone is respectful on the days when clients consult with me". As well as stressed the importance of maintaining balance between their family and work lives:
"It started to make me feel more anxiety I guess. It was more balanced before. You know it sort of flowed well but then it just started to be conflict all the time".

For some participants therapy in a HOS was more similar than different to therapy in a more TOS as long as they stayed in the right mindset, had an established way of working, responded the same way in session, or maintained the right balance between their work and home lives.

**Therapy is not the same.** Although it was common for participants to describe therapy as being the same, or mostly similar, there were still some participants who expressed different experiences. For some therapy sessions in relation to therapeutic setting was something they had never considered before, "I've never thought of that. Long pause, I don't know if I can answer that in 25 words or less. …but I think it's worth thinking about".

For other participants conducting therapy in a HOS was a different experience than in a TOS. For example, in response to being asked if there are any similarities or differences when working from home, some respondents listed certain distractions, "I've had a few distractions at home on occasion, e.g. a doorbell, or a home phone that I didn't remember to put away or turn off". While others focused on the difficulty they sometimes faced staying in their professional role. For example, one participant described how in group training sessions watching taped sessions demonstrated the struggle some therapists experienced in learning to maintain the personal and professional divide:

"You could see the sense of how do you divide who you are in your home as a person from who you are in your home working as a professional. So I think that that really helped me think with a lot of consciousness and intentionality about what am I doing any time a client walks through my door".
In addition, some participants highlighted that therapy was different in a HOS because clients were exposed to personal information about the therapist that they would not have had access to in a TOS:

"I think in general things were quite similar, but the difference was that your client ended up know a bit more about you, for example, your socioeconomic class, whether you had a wife, etc."

Other participants were seen to embrace this difference stating that by having access to some of their personal information clients can determine in a more informed way if the therapist is someone they want to work with or not:

"They at least get to look around and they can see whether or not they want to be in the environment I come from so that they are with somebody they feel maybe a little more connected too. I think therapy is all about relationship so this helps them with deciding on whether or not this is a relationship that might work”.

For a few participants conducting therapy from home was experienced as noticeably different from conducting therapy in a more traditional office space.

**Summary of therapy is the same.** When exploring the topic of conducting therapy participants commonly expressed that therapy in a HOS is more similar than different when compared to a TOS. For these individuals therapy was the same as long as they conducted themselves, worked, and responded to issues that arose in a similar way. However, this was not the case for everyone as some participants shared how their experience of conducting therapy in a HOS differed from a TOS.

**4.4 Control**

Participants commonly expressed feeling a sense of control when working from home, "I feel a greater sense of control than when I was a 'tenant' in someone else's office". For some this experience was expressed in unique ways such as having more time for clients, more freedom in determining when a session ends, or being able to see more or fewer clients at one time to name
a few. For other participants however, these feelings of influence and power were expressed in similar ways and placed into the subthemes of: control over space, control over time, control over work, and lack of control. Please see Table 5 for definitions.

**Control over space.** For some participants the theme of control was reflected in having a greater sense of influence over their physical space. Nowhere was this more evident than when one participant discussed no longer having to be concerned about navigating her physical space due to issues of accessibility:

"My home accommodates me and in an office setting places that are considered to be accessible are not truly barrier free. …As I said it has worked out well I can earn my living in this particular way in my own environment with a bit more control over the space".

Other participants expressed having influence over being able to make the space more accommodating for their clients:

"I always asked if the clients were comfortable, and was able to raise or lower the temperature at will, to suit the clients' preferences. This is very often not possible in office buildings".

Feeling a greater sense of influence or power over their physical space was an important way some participants felt control when working in a HOS.

**Control over time.** For other respondents it was more about feeling a sense of influence over how they were able to use their time. Some participants expressed this as having greater control over prioritizing their time:

"I like being my own boss and I like organizing my own time and accommodating the things that I think are important to accommodate rather than the things other people think are important to accommodate".

While others expressed this influence as a function of being able to make better use of their time:
"I never get really annoyed when clients cancel whereas before I was like "god I could be doing something with this time!" so …I have a lot less resentment because I can do whatever I want to do!".

Some respondents even passed their appreciation for being able to make better use of their time on to their clients:

"I don't bother unless people are really disrespectful to charge them for missed appointments because I'm right here. As long as I know they are not coming I just carry on with my life as if they weren't there. I will go out and mow the lawn or something".

For some respondents a sense of control came from being able to influence how they set-up and made use of their time as a function of working from home.

**Control over work.** Respondents also spoke of feeling a sense of control in determining how and in what ways work got done. While there were many ways participants expressed having control over their work, one participant in particular expressed a number of these reasons quite parsimoniously:

"1. Flexibility and a choice to take on a variety of clients. 2. Having the opportunity to take time off. 3. Being able to combine my work interest with other interests. 4. Not feeling forced to attend functions at an agency, i.e. fundraising. 5. Feeling free to explore new options and opportunities in my work".

In addition, some participants highlighted being able to work for themselves as something they appreciated, "The home office gives me much more flexibility because I am not behaving to anybody else, I'm self-employed".

For some participants working from home allowed them to feel a greater sense of control over elements of their work than in a TOS ranging from exploring new ways of working to no longer having to engage in unwanted activities such as fundraising.
Lack of control. In contrast, other participants noted feeling less control over specific aspects of working from home. Some individuals noted feeling compelled to complete work because it was physically in the home:

"That is a problem. I actually sometimes go "Don't look at the computer!", "Don't look in that room!" because it's my default. If I have empty time, I have to say sit and read a book, don't gravitate towards starting paperwork".

Other individuals expressed times when their efforts to control elements in their environment were not successful. Such as trying to prevent family noise while in session, "I've gone to great lengths to try to prevent this but people are human and will sometimes forget", or being unable to control their space in their preferred way such as by making their home accessible to all clients:

"If somebody's got physical disability they're not going to be able to get into my office. If we lived in a different house then you know I would have done something different about it"

For some participants working in a HOS resulted in their feeling less control over certain elements of their work when compared to a more TOS. Some such elements included feeling powerless at times to stop working, feeling unable to control distractions while in session, and feeling unable to make their home physically accessible to all clients.

Summary of control. Overall participants discussed issues of control in relation to the HOS whether it was experiencing a sense of power or control over elements of their work, space, and time as a result of working in a HOS, or experiencing less power and control as a result of working from home.

4.5 Safety
Throughout their narratives it was common for participants to raise issues or express concerns around their physical safety and well-being when working from a HOS. Participants often expressed ways these concerns impacted their work decisions, "I think I am probably more
cautious but I would probably have similar parameters in a public setting as well". As well as issues around, safety and clients, safety and therapy setting, and ways of addressing safety concerns, leading to the creation of these three subthemes. For definitions see Table 5.

**Safety and setting.** Participants commonly expressed concerns about safety as a function of the setting of therapy. Some participants believed, "There are safety issues working from home" and offered examples such as, "issues of new clients coming to the home when I am in session or not home". Some participants were concerned about clients having access, or partners finding access, to their personal space and information:

"I must admit there are times I wonder about safety and clients knowing where I live. Although this has not been an issue to date, it is an ever present thought in the back of my mind".

Furthermore, some respondents expressed safety concerns around being left alone with clients in their home office, "If a client gets out of control in whatever way, or comes in drunk or whatever, and I would be alone and not maybe the safest. And that's scary for me". With others adding a heightened or elevated concern based on their gender, "you know as a woman that would be a concern I would have, like if a big strong guy starts to go into a rage". Furthermore, some participants also spoke of concerns around seeing particular types of clients in their home, "I was much more uncomfortable treating certain clients in my home than in an office environment".

In addition, some participants disagreed with the belief that therapists are at greater risk when working from home, "I think we have this illusion that somehow in an office setting we're safer and I just don't agree with that". With some actually highlighting their increased feelings of safety when working from home:
"You know in terms of physical security, there's more of a sense of security here than if I am in an office building by myself … I felt much more vulnerable out in an office building than I had ever felt working from my home".

Similarly, some participants noted safety concerns as being something that can occur anywhere, "there's always the potential for violence", and as such should always be considered:

"Well these are things that really need to be considered in some of the office buildings. What is security what is safety and especially doing the work we do right, where there's privacy and nobody would intrude and you know all of those things and it has to be well thought out. What are you going to do to be safe?".

Overall some participants focused on safety concerns as a function of therapeutic setting, particularly around seeing clients in the home while others noted safety concerns as being something that can occur regardless of setting.

**Addressing safety concerns.** On top of expressing concern for their safety when working from home, participants also often expressed the ways in which they addressed these concerns. The most common ways this was accomplished was by respondents predetermining guidelines for the clients they would see in their home:

"Well I, I limit I don't take people who are actively psychotic, people have to be alcohol and drug free for a minimum of two years, if they have a criminal history I want to know what that was about and how long they have been out",

and screening clients based on their personal level of comfort and ability to help them:

"With that phone consultation I feel like I can assess whether it's somebody I could work with, want to work with, and if it would be a client that would not be suitable to me seeing whether it's for safety reasons or whatever".

Other participants dealt with their safety concerns by making sure there were people around when they were meeting with new and, or, potentially dangerous clients, "I make sure that someone is in the home with me and they know I am seeing a new client".
Overall, having concerns about safety often did not prevent participants from working from home but instead motivated them to do something to feel safe in their work, such as ensuring others were around or by limiting the types of clients they would see in their home.

**Summary of safety.** Participants commonly experienced working and conducting therapy from home as containing a number of safety concerns which needed to be addressed and overcome. Whereas other participants felt the safety concerns they experienced were not a function of therapeutic setting but just a part of doing therapy.

### 4.6 Professionalism

The theme of professionalism was commonly expressed by participants (see Table 5 for definitions). Some areas of professionalism were mentioned only briefly by participants, such as adhering to the ethical guidelines of the profession, being transparent about working from home with clients, and professionalism meaning different things to different people. Other areas of professionalism were discussed in greater depth and more often and were therefore placed into the subthemes of: views of professionalism and the HOS, confidentiality, supervision and consultation, and boundaries and explored below.

**Views of professionalism and the home office setting.** Throughout their narratives participants discussed various perspectives on the professionalism of the HOS and the therapists who work within them. For example, some discussed the steps they took to help present themselves as professional in their home office space. For some participants this was about what they chose to display in their office:

"I am aware of client perceptions, so I have always had my degrees hung in my home office rather than in my office in the agency. I believe this lends more credibility to my work".
Whereas for others it was more about what they did not display, "I like to think the office looked professional. I did not include any personal pictures or belongings".

Some participants noted feeling both themselves and their home office are equally as professional a TOS,

"I'm no different I don't feel like it's been any different then when I was in the office they only difference is I don't have a secretary that greets them when I walk in the door and I don't have to worry about them running into anyone in the waiting room".

Whereas other participants discussed how they felt the TOS offered something more in the way of professionalism than a HOS, "It is very much similar … but there is a more professional experience for the client than from home". With some pointing to the type of building itself as a reason for feeling more professional, "one of my offices is in a medical building so for me that gives me a little more professionalism".

In addition, for some participants, their discussions of professionalism and the HOS focused more on maintaining and developing a certain level of professionalism. For example, some participants discussed having to work harder at times to remain professional when working from home: "I have found I have to work a bit harder to stay in my counselling role when I'm at my home office vs. at my professional office". Other participants questioned whether they would have been able to develop the same level of professionalism had they not worked in a TOS first,

"Perhaps I would not have developed the same level of professionalism. I say this because what I have noticed as a difference between working out of my home office and at a "more professional" location is that clients tend to make more comments/ask questions on what they have observed about my home, car, etc. In that respect there are more decisions to be made about how much personal information to share".

Furthermore, some participants expressed concern around the ways individuals view the professionalism of therapists who work in a HOS:
"I am somewhat uncomfortable, because there remains among both clients and therapists an unfounded belief that somehow the quality and professionalism of a therapist is related to his or her ability to support an office in a professional or medical building”.

With others discussing instances where colleagues found the home office to be an professional setting for counsellors, such as this participant whose quote was also shared earlier:

"Some social workers on an online list felt it was unprofessional. I reminded them that Freud had an office in his library in his home”.

Overall, when discussing professionalism and therapeutic setting, participants included their own views, the views of others, and ideas around what it takes to develop and maintain a level of professionalism when working in a HOS.

Confidentiality. Issues of confidentiality were often discussed by participants within their narratives. Some participants noted creating a confidential space for clients, "My consulting room is comfortable, confidential and professional for seeing clients". As well as doing things to maintain confidentiality, "windows bring good light into the space and are glazed for privacy".

Other participants shared concerns about their clients confidentiality being maintained, particularly with the neighbors:

"I suppose the one thing which is most difficult is clients that start yelling at each other and get really loud. I'm sensitive to confidentiality and them being heard by the neighbors".

Furthermore, some participants shared times when it seemed, at least to me, like their clients confidentiality could be broken or was at risk of being broken,

"Because I had other people in the house, my husband had every Friday off so he was home on Fridays and then the sitter was there the other two days that I worked. So I knew there was always somebody around".
Participants often noted confidentiality as something worth discussing, whether or not it was a concern, while exploring their experience of working professionally from home. We move now to the subtheme of supervision and consultation.

**Supervision and consultation.** Some participants discussed within their narratives the importance of maintaining supervision, "I go to peer supervision kinds of things to sort of keep up the practice end of things". The need to consult with colleagues was also discussed, "I do need to ensure I connect with other therapists to keep my work fresh". With some participants highlighting consulting as a way to help combat feelings of isolation:

"So you can get isolated. I do a lot of networking …I usually try to make sure I schedule time with at least 3 other colleagues to network with them [and] most of them work from home".

Overall within the subtheme of supervision and consulting, participants discussed the need to reach out and remain in contact with other professionals in order to stay connected to developments within the field, stay on top of their work, and combat feelings of isolation that can occur when working from home.

**Boundaries.** Participants often discussed and shared stories throughout their narratives around setting boundaries and in some instances pushing or challenging 'normative' boundaries. Some spoke about having to set boundaries with their family:

"My boundaries are pretty clear when I'm in my office. I am only disturbed if I'm really needed, and if I'm with a client the rule is, "Unless the house is on fire...", or with workers in their home be they babysitters or personal support workers, "I also have a mother in law living with us who has Alzheimer's. …I have clear rules for the care giver as to her contacting me". Other participants noted setting boundaries with individuals outside the home, such as with their friends:
"This is a pretty social home. So needing to set time aside and making sure that five people aren't stopping by for a coffee when I've got a client upstairs is and usually that's done with just a sign on the door".

as well as their neighbours:

"One neighbor would like to sit out on his front porch and smoke marijuana, which is not all that unusual in California, but I had to talk with him about it because I didn't want my clients who had substance abuse issues to have to encounter that when coming to see me".

Setting boundaries with clients was also addressed. Whether it was setting clear boundaries with children, "Many children are curious about my life and I am very clear with children on the boundary of my working area", or having to challenge clients outright to establish or maintain certain boundaries:

"For example I can remember a client who literally never wanted to leave my home so to try and get her out the door I actually had to really confront her on it and start to say "you notice how its taking you 15 minutes to get your boots on, you actually need to stop talking with me get your boots on and then let's say goodbye", so it really became a therapeutic issue".

In addition, some participants discussed things they knew could be considered unusual, or that pushed the bounds of 'normative' boundaries in therapy. For these participants this consisted of offering clients food during session:

"She would often come at supper time so you know I would say do you want Banana? And I can do that. Some people would see that as a boundary issue that you shouldn't be offering your clients food …there is a process of deciding what I as a therapist feel safe around offering and I think that I still maintain my boundaries",

or allowing brief interactions to occasionally occur between clients and family members:

"Sometimes they meet my mom and they come down stairs or in the next session and go oh your mom is so nice! …It's interesting to watch what comes out having
met somebody like my mom and my sister and again you just bring it all back in to the therapy".  

It was even stated that as long as clients are informed beforehand they are capable of making decisions around confidentiality and boundaries:  

"Some people do [care] and so and they will make arrangements around that. I don't think they are as fragile as we tend to think they are. I mean I don't work with a really clinically sick population so I think that makes a difference. I don't think we give them enough credit as they are incredibly resilient and I think we are a little paternalistic and condescending sometimes as professional bodies".

Within their narratives, participants commonly discussed the importance of setting boundaries with individuals who come into contact with the home office. Other participants added the ways they are able to do more when working from a HOS as opposed to a TOS. By doing so they felt that they were able to push against 'normative' boundaries in therapy.

**Summary of professionalism.** Within their experience of working and conducting therapy from home participants discussed issues of professionalism with respect to confidentiality, isolation, maintaining a professional role, and setting and maintaining boundaries with family members, clients, neighbours, and friends. For some participants these issues of professionalism were addressed and overcome whereas other participants questioned the professionalism of the therapeutic home office as a result of these issues.

**4.7 Cybercounselling**

Some participants within the current sample chose to work from home solely through cybercounselling, with software varying from online messaging to video software such as Skype. These participants made the distinction between cybercounselling and physically seeing clients in the home. The similarities and differences between these two formats of conducting therapy are explored within the six themes commonly presented throughout all participant narratives:
evaluations and expectations of the home office setting; intersection of work and family life; control; safety; therapy is the same; and professionalism. We begin with evaluations and expectations of the HOS.

**Evaluations and expectations of the home office setting.** Much like participants who physically see clients in their home, participants who work from home through cyberecounselling enjoyed doing so, "I enjoy it. I feel I can make time for my clients", and found their clients often did too, "They like the flexibility". These participants also noted benefits such as offering Skype sessions to clients who otherwise would not have been able to attend:

"I have offered the same option to another client for a time they were travelling but needed a session, to another client who lives a long way away, in case they aren't able to drive that day due to weather, etc, and to a client who deals with a medical condition that sometimes limits their mobility".

What is different however, is that these benefits occurred in so far as clients were not physically entering the home, otherwise the benefits were believed to no longer exist, "it's a bit more comfortable than going to my office. If the clients were physically in my home, I think it would be less comfortable in many ways."

One of the most striking differences within the narratives of participants who engaged in cyberecounselling were the many concerns they expressed about therapists who physically see clients in their home:

"I simply can't see any advantage for clients to a counsellor working out of their home - just cost-saving and convenience for the counsellor. It may not be accurate, but I tend to see these situations as a way to save money, and I wonder if the person has so few clients that they can't afford to rent a professional office."

In fact, one participant shared a story of how they felt upon entering a therapist's home office:

"I have to admit it was distracting for me as the supporter of the client … I kept thinking about the lack of separation between their work and home life. I wondered how soundproof the room was, and how they managed to keep their kids from listening in, etc.".
Overall, cybercounselling participants noted enjoyment and benefits to working from home as long as clients were not physically in the home, otherwise they expressed concern.

**Intersection of work and home.** Participants who worked from home solely through cybercounselling expressed the need for a strict divide between their work and home life:

"I do cybercounselling from home. This means that my home remains private and no client knows where I live. I feel that this is important as I want a strict divide between work and private life."

Citing this divide as the main reason for why they would not physically see clients in their home, "I value the separation of home life and work life too much". What is more, these participants noted maintaining their desired level of separation was not difficult, "As I do cybercounselling this is less of an issue … My work remains private, my computer is password protected and I use a secure email (encrypted)", adding that it would have been difficult had they physically seen clients in their home, "If clients were actually physically coming and going, I can only imagine it would be a much different situation".

Overall, participants who engaged in cybercounselling found maintaining a strict divide between their work and home life was important in achieving their desired balance between the two spheres but added that the divide would not have been able to be maintained if clients were to physically enter their home office.

**Therapy is the same.** Much like within the narratives of participants who physically see clients in their home, participants who engage in cybercounselling found actually conducting therapy to be more similar than different in a HOS compared with a TOS, "Obviously the format is different (Skype vs in-person), but I dress nearly the same, the fee I charge is the same, and the work is nearly the same", or as containing few differences, "The only other difference I can see is
that I have to do a bit less prep of the space for a Skype session than I do for an office session (e.g. the client gets their own water)."

The main differences in therapy between a HOS and TOS stated by these participants was that they found the transition to working from home to require an adjustment period, "I do cybercounselling, and although in the beginning it is an adjustment, I have had very positive feedback", and occasionally had difficulty in maintaining their professional role:

"Because I'm in my casual home space, there can be a tendency to be more casual when Skyping from home and I have to remind myself that just because I use Skype for meeting with colleagues and friends and I'm at home, a therapy session is not that situation".

Much like participants who physically see clients in their home, participants who utilize cybercounselling in a HOS experienced conducting therapy as containing more similarities than differences when compared to a TOS apart from an initial adjustment period and finding it challenging at times not to slip into a more casual role while engaging with clients.

**Control.** Participants who worked from home only using cybercounselling expressed instances where they felt greater control over their space, "The agency where I worked had thin walls. I found this unpleasant e.g. when I had a sad client and we heard laughter next doors", schedule, "I am pleased I can schedule my own clients. it is my responsibility", and ability to work in their preferred way, "I work with feedback forms (outcome measures) and the agency where I worked was not at par with these new developments. I see this as an ethical obligation".

These participants also at times expressed situations where they believed therapists who physically saw clients in their home would experience less control over their time and work, "How do you 'leave your work at work' when it's in your home".
Overall participants who utilized cybercounselling experienced greater control over aspects of their time and work but expressed concern in regard to feeling a loss of control if clients were to physically enter the HOS.

**Safety.** Participants who use cybercounselling noted safety concerns as being influential in their decision to not physically see clients in their home, "Again, I would NOT see clients physically in my home space, partially for safety reasons and partially because I think it's a bad idea from a clinical perspective". What is more, they expressed concerns about the safety of therapists who have clients physically enter their home:

"I know some people do see actually clients in their homes, and I would never recommend it. In fact, when I've been asked by new counsellors, I've raised several concerns. For example, how do you ensure your safety".

Overall, participants who engage in cybercounselling from home were concerned about safety if clients were to physically enter the home office.

**Professionalism.** Some participants who work from home only through cybercounselling felt they were more professional when working from home, "Interestingly, I think I can be more professional when working by myself than when I worked for an agency". Whereas others felt a greater sense of professionalism outside of the home in their more TOS, "I just feel more professional in my professional office space… At home, it feels more 'catch as catch can'. It feels as though we're making do". Some even added their belief that clients view them as more professional in their TOS, "My sense is that they feel they're coming in for a professional service … I think people feel more confident in my abilities in my professional office space because of the space". And noted that therapists need to be mindful of the space they are creating for clients particularly if they are physically seeing clients in their home, "Some people might feel that
they're intruding if the space is clearly used for something else, or uncomfortable if they can hear family life going on in the home”.

In addition, participants who use cybercounselling noted that they tend to question the boundaries of therapists who see clients in their home, "I might also wonder about their boundaries; this might not be fair, but it's a bias I have and others may as well”.

Furthermore, these participants also stated the importance of consulting to make-up for the lack of interaction with other colleagues, "To compensate for consulting with colleagues, which I feel is important, I have three colleagues I consult with on a regular basis and they consult with me."

Finally, for some participants using cybercounselling in a HOS required paying attention to different aspects of confidentiality, "I also created a separate Skype account for my business … and non-identifying if someone were to find that user name in a client's Skype account". Whereas others felt better able to maintain their clients confidentiality when working from home:

"I felt at times that counsellors at agencies do gossip and also confidentiality is an issues as, let's be honest, files can be seen by a large group of people ".

Besides both similarities and differences existing between participants who utilize cybercounselling and those who have clients physically enter their home, there were also some discrepancies between participants who engage in cybercounselling with respect to the professionalism of the HOS. With some feeling more professional in a TOS and others feeling more professional and better able to provide a confidential space within the HOS.

**Summary of cybercounselling.** In summary, despite discussing many of the same elements in relation to the six themes presented throughout the narratives of participants, participants who work from home exclusively through cybercounselling expressed many
concerns around having clients physically enter the home distinguishing it as a different experience of the HOS for both therapists and clients.

4.8 Overall Summary of Themes

The above themes were presented to explore from the perspectives of therapists what it is like to work and conduct therapy from a home office. Within the results of the analysis there was not one commonly expressed experience but a number of experiences whether negative, positive or containing elements of both. What was common were the seven themes repeatedly expressed within participants' narratives as outlined above.

CHAPTER 5: DISCUSSION

The current study elicited the experiences of therapists who work and conduct therapy from home using talking interviews and an online open-ended questionnaire. Their experiences were explored using thematic narrative analysis and presented within the seven themes of: evaluations of the home office; intersection of work and home life; therapy is the same; control; safety; professionalism, and cybercounselling. From the presented results it is apparent that the experience of working and conducting therapy from home was experienced as negative or positive by some and containing elements of both for others.

For ease of exploration, the discussion of participants' experiences has been broken down into a general exploration of working from home, how participants made sense of their home and work lives occurring in the same location, and what it is like to conduct therapy in a HOS. The discussion section concludes with a look at the strengths and limitations of the current study, along with directions for future research, and practical implications for training and supervisory
programs. Before beginning we take a brief look at using therapists as respondents in the context of the current study.

5.1 Therapists as Respondents.

Therapists who participated in the current study made good respondents as predicted within the literature review (Ashforth et al., 2000; Kindsvatter & Lara, 2012; Tietze & Musson, 2002). Respondents in the current study provided in depth responses demonstrating an awareness of many aspects of their experience of working and conducting therapy from home. For example, participants often demonstrated an awareness of how they established and maintained boundaries with themselves, their clients and members of their family as a function of office setting. In addition, respondents often spoke in depth about how they managed these multiple relationships when working in the home environment (Kindsvatter & Lara, 2012). Overall using therapists as respondents was beneficial as they provided many in-depth responses containing awareness of self and others, as well as the physical setting of therapy.

5.2 Overall Experience of Working from Home

The current study adds the perspective of therapists to the literature on working from home. Much like the existing literature (Banita & Yogesh, 2009; Fitzgerald & Winter, 2001; Hylmo, 2006), participants experienced the HOS as positive, negative, or a combination of the two. This was a result of the quantity and the degree to which they experienced benefits and limitations unique to the HOS.

Participants who reported experiencing the HOS as more positive than a TOS also commonly noted many benefits. For example, participants who found the home office to be more accommodating to their health and accessibility needs reported experiencing the HOS as more positive than a TOS (Tremblay, Paquet, & Renaud, 2006). Participants also expressed greater
appreciation for the home office over the TOS when they felt greater control over their time, work, and space as a function of the HOS (Banita & Yogesh, 2009; Hylmo, 2006; Tremblay, Paquet, & Renaud, 2006). While participants often listed financial savings as a benefit to working from home, unlike the previous literature on working from home (Maroda, 2007; Tremblay, Paquet, & Renaud, 2006) financial convenience was not the number one reason provided for why therapists within the current sample chose to work from home. Instead the number one reason provided was the desire for the freedom to work for themselves.

Similarly, participants who reported experiencing the HOS negatively when compared to a TOS often noted many limitations about the HOS. Some participants expressed a number of limitations or concerns regarding the professionalism of the HOS and reported preferring to see clients in a TOS as a result. Much like the literature on working from home these participants often spoke of the struggles they experienced in trying to maintain their preferred balance between the domains of work and home life (Kossek & Lautsch, 2008; Igbaria & Guimares, 1999). In addition, participants who reported experiencing the HOS negatively also commonly expressed concern around being unable to control breeches in confidentiality or the distractions and boundary crossings unique to the HOS (Langs, 2007; Maroda, 2007).

Some participants also spoke of experiencing feelings of isolation and concerns regarding their safety. Much like the general literature on working from home (Banita & Yogesh, 2009; Igbaria & Guimares, 1999) and in contrast to the psychotherapy literature (Langs, 2007; Maroda, 2007), participants commonly discussed ways of overcoming their feelings of isolation such as forming consultation groups with colleagues. As well as provided ways of addressing their concerns about safety such as ensuring people are aware of their client hours or utilizing cybereounseling for instance. For these individuals challenges unique to the HOS, such as
feelings of isolation or concerns about safety, were things to be overcome and were not enough to result in an overall negative evaluation of the setting. Differences in participants' evaluations of the HOS were at least in part due to their experience of the HOS as containing many benefits, limitations, or a combination of the two.

**Summary of overall experience of working from home.** Overall, the discrepancy in participants' experiences and evaluations of the home office was in part due to their perception of the setting as containing many benefits or limitations. For some participants however, experiencing the HOS as positive or negative was also dependent upon their perception of limitations as something that could be overcome or not. We now turn to a discussion of how participants made sense of the intersection of their work and home lives within context of the existing literature.

### 5.3 Intersection of Work and Home Life

The current study adds to the literature on the intersection of work and home life as the topic of therapists working from a home office has not been explored in depth or outside of the field of psychotherapy (Gargiulo, 2007; Langs, 2007; Maroda, 2007; Mills, 2007; Pepper, 2003). Participants' experiences of the general aspects of working from home fit nicely in many respects with the existing literature.

For example, participants spoke, like Clark (2000), of implementing and relying on physical, psychological, and temporal borders to help keep the domains of work and home life from interfering with one another. Participants also established routines and used cues in their environments to ease transitions between the two domains becoming frustrated when the flexibility of their borders came into conflict with the demands of either domain (Clark, 2000; Hylmo, 2006; Tietze, 2002).
In addition, participants often described challenges to maintaining their preferred balance between home and work life due to family and work overlapping with one another (Hylmo, 2006; Tietze, 2002). Similar to Langs (2007) and Maroda (2007)'s presentation of working from home as a therapist, as well as the existing literature on working from home in general (Ashforth et al., 2000; Clark, 2000; Hylmo, 2006; Tietze, 2002), a number of concerns were raised by participants around their family's presence in the home. Some participants were concerned about issues of distraction and client confidentiality while others experienced feelings of guilt around having to ask family members to leave or behave in a certain way.

Other participants however, discussed how receiving honest feedback and support from their family resulted in few difficulties with respect to the overlap of work and home life. This support from the family along with the knowledge that not all participants had family members home during the day, when they saw clients, seems to counter Langs (2007) and Maroda (2007)'s belief that the HOS should be avoided because of the burden it places on the family. Perhaps what is needed instead is ongoing open communication between therapists and members of their household in order to ensure everyone's preferences and boundaries are respected and addressed.

Within participants' narratives, examples were provided of negative and positive spillover (Edwards & Rothbard, 2000; Hanson, Hammer, & Colton, 2006; Voydanoff, 2004). Participants shared instances of negative spillover such as strain-based conflicts, from having to work to keep aspects of their home life from intruding on their work as a result of the HOS (Edwards & Rothbard, 2000; Voydanoff, 2004). Some participants discussed more behavioural-based conflicts noting how their children fighting upstairs demanded too much of their attention while in session negatively impacting their ability to pay attention and work with clients. Other participants discussed aspects of time-based conflicts, in that having their work occur in their
home often resulted in work hours taking over their personal time (Edwards and Rothbard, 2000).

Aspects of positive spillover were also discussed by participants. Some individuals spoke of experiencing more global positive affect as a result of an overall increase in mood due to a reduction in stress from no longer having to commute to work (Edwards and Rothbard, 2000; Hanson, Hammer, & Colton, 2006). Other individuals discussed appreciating the gains in time they experienced in both domains as a result of being able to move seamlessly between aspects of their work and home lives as a function of the HOS (Edwards and Rothbard, 2000; Hanson, Hammer, & Colton, 2006). Finally, some participants discussed how having access to a greater number of resources as a result of being in the home, such as access to food and a backyard, greatly enhanced their ability to work with clients.

In keeping with the literature on the intersection of work and home life, some participants could be labeled as separators or integrators by choosing respectively, to maintain a strict divide or blend the domains of work and family (Ashforth, Kreiner, & Fugate, 2000; Kossek & Lautsch, 2008). However, the majority of participants, could be classified as volleyers given they maintained a strict divide between their work and home lives while with clients but integrated other aspects of work into their home life (Kossek & Lautsch, 2008). What is more, participants expressed enjoyment and distress when trying to obtain their preferred work-family life balance regardless of where they fell on the integration segregation continuum (Ashforth, Kreiner, & Fugate, 2000; Kossek & Lautsch, 2008).

Participants' experiences of the intersection of work and home life could be seen to reflect, and in some instances add, to the integrator, separator, and volleyer subcategories postulated by (Kossek and Lautsch, 2008). Participants who chose to integrate enjoyed the
continual blending of work and home life and therefore could be seen as fusion lovers. Whereas participants who previously appreciated being able to integrate but became unhappy when elements of their home life began commanding too much of their attention became, reactors. What is more, all participants who moved into this subcategory left the home office due to a lack of control, as like most reactors they felt unbalanced and unhappy in both domains (Kossek and Lautsch, 2008).

Some participants who volleyed between elements of work and home could have been classified as quality timers in that they used time cues such as the start and end of session to determine when to separate and when to integrate (Kossek and Lautsch, 2008). The subcategory of job warriors however, was not seen to fit with anyone's experience of working and conducting therapy from home. This is because everyone who maintained separation during client sessions but integrated other elements did not do so out of an expectation to work beyond normative hours as job warriors do (Kossek and Lautsch, 2008). Perhaps another subcategory is required or an expansion of the definition of quality timers to include the use of cues besides time, such as ethical obligations and values. This inclusion would better reflect the experiences of participating therapists in determining when to integrate and when to separate as they volley between elements of their work and home lives.

Finally, individuals who separated the domains of work and home did not fit into either subcategory of separators. Participants who separated the two elements chose to do so because that is how engaging in either sphere made sense to them. They were not captives because they did not feel held to the separation as their only option, they just preferred it. They were also not firsters because their identity was not primarily formed in one domain over the other and thus did not determine how or why they separated the two domains (Kossek and Lautsch, 2008). What is
different for therapists is their decision to separate comes out of a personal preference or desire to maintain an ethical and confidential practice.

**Summary of intersection of work and home life.** As the experiences of participants often reflected the general literature on working from home, at least some therapists appear to experience aspects of the HOS in ways similar to other professionals. More specifically, therapists within the current sample often spoke of similar issues regarding borders and finding balance between the domains of work and home as well as aspects of positive and negative spillover. There were, however, some areas where the experiences of participants did not reflect the literature on working from home. This suggests that in at least some ways therapists experience the intersection of work and home life differently than other professionals who work from home. This was most obvious in the reasons participants provided for why they chose to volley and separate aspects of their work and home lives. We move now to a discussion of participants' experiences of conducting therapy from home in light of the existing literature.

### 5.4 Conducting Therapy from Home

The current study adds to the literature on conducting therapy from a HOS by providing an in depth analysis and including therapists outside of the discipline of psychotherapy (Gargiulo, 2007; Langs, 2007; Maroda, 2007; Mills, 2007; Pepper, 2003). Within their narratives some participants spoke of how conducting therapy in a HOS was no different, or better, than their experiences in a TOS. While other participants stated this was mainly the case apart from some challenges or benefits the HOS provided. However there were participants who disagreed describing their experience as different or inferior to working in a TOS. It was also at times suggested that conducting therapy in a HOS is improper if clients physically enter the home.
What could be behind such a large discrepancy within participants' experiences of conducting therapy in a HOS?

Perhaps one reason for this discrepancy is the way the therapeutic alliance is perceived to be influenced as a result of setting. The therapeutic alliance has been stated as one of the most influential factors in predicting successful outcomes in therapy with such alliances being fostered through trust, safety, and connection (Gargiulo, 2007; Sparks et al., 2008). Perhaps participants who, due to increased feelings of safety and connection in therapist and client, experienced more positive therapeutic outcomes resulting in an enhanced or unchanged experience of conducting therapy. Whereas individuals who due to a preoccupation with safety concerns or feelings of discomfort in their clients or themselves experienced more breakdowns in the therapeutic alliance resulting in less successful therapeutic outcomes and a changed experience of therapy.

Researchers have demonstrated that the expectations clients come to therapy with can influence the outcome of the therapeutic work (Dearing, Barrick, Dermer, & Walitzer, 2005; Glass, Amkoff, & Shapiro, 2001). Perhaps participants who noted encountering clients with similar or unchanged expectations of the therapist and therapy did not experience any changes to the therapeutic process or outcome as a result of the HOS. Whereas encountering clients with different expectations of therapy, or the nature of the relationship with their therapist and where their boundaries lie, resulted in very different, often challenging, experiences of conducting therapy from home. Something Maroda (2007) noted, warning that seeing clients in one's home can send the wrong message about the nature of the therapeutic relationship.

What is more, the often negative expectations and beliefs held by participants and their colleagues about the HOS often influenced participants' experiences of conducting therapy by impacting their level of comfort and feelings of professionalism. Making it important when the
setting of therapy is changed to the home of the therapist to broaden the impact of expectations to encompass those of the therapist, their colleagues, and within the profession overall.

For other participants, perhaps the discrepancies in their experience of conducting therapy from home had more to do with their perception of the home environment as challenging or advantageous. Participants who noted being able to adjust to the HOS, or having their therapeutic repertoire expanded as a result, reported more positive experiences overall. On the other hand, participants who noted having difficulty staying in their professional role often reported more negative experiences overall. Perhaps some participants were able to make sense of the HOS by creating new fully formed narratives regarding their professional and personal selves occurring within the same environment where others were unable to do so (Tietze & Musson, 2002). This seems a likely possibility given that some participants discussed having difficulty in keeping aspects of their work and home lives balanced, whereas others had no difficulty making sense of this intersection, having established and maintained ways of keeping them balanced. What is more, as Gargiulo (2007) encouraged, many participants, who reported feeling well adjusted to the HOS with regards to conducting therapy, also tended to experiment with creating more flexible boundaries, like, offering clients food. Furthermore, they noted believing, not unlike Mills (2007), that clients have the ability to speak up and make decisions for themselves.

In addition, it seems that the way participants view and respond to what comes up in session also contributed to their experience of the HOS as similar or different to a TOS. For example, participants, who like Maroda (2007) and Langs (2007) focused on the differences in concerns, or increased risk of boundary violations, isolation and distractions, reported their experiences of conducting therapy to be different or more negative than in a TOS. Whereas
participants who focused more on the overall context of therapy, like Gargiulo (2007) and Mills (2007), and were prepared for whatever might come up, reported experiencing the different distractions or boundary violations as more similar than different to those in a TOS. For at least some therapists their experience of conducting therapy from home remained unchanged because they responded to the setting in unchanged ways, whereas others experienced the need for greater vigilance and control as a result of working in a HOS and therefore responded differently in their work. Another factor likely to have contributed to the discrepancy in participants’ experiences of conducting therapy from home was their level of comfort in respect to elements of their personal life, for instance, their SES being exposed to clients. Much like Maroda (2007), some participants experienced a lack of control over their personal information being exposed and expressed concerns regarding their physical safety. Concerns about how the information could impact the therapeutic alliance, such as by revealing previously invisible differences in social status, were also expressed by participants. For these individuals conducting therapy from home was reported to contain a number of challenges.

Contrary to Maroda (2007), some participants found that having clients exposed to personal information about them was actually beneficial at times. These participants noted being exposed in this way allowed clients to make more informed decisions about whether the therapist was someone they felt comfortable working with or not. Perhaps this is one reason why the current study and previous research (Pepper, 2003), has found personal information about the therapist’s personal life to be appreciated by some clients and encourage feelings of comfort and connection. Furthermore, some participants worked from home using only cyberecounseling eliminating the problem all together.
Additionally, participants at times echoed Langs (2007) and Maroda (2007)'s concerns in trying to maintain a clean and confidential space for their clients. For some participants this involved challenges regarding family members being present and often disruptive while seeing clients in the home. With challenges added regarding neighbors approaching clients and trying to maintain confidentiality for some.

Other participants, however, did not express such concerns and felt confident in the steps they took to meet these challenges to safeguard client confidentiality. In fact, in contrast to arguments made against the HOS due to issues of confidentiality (Langs, 2007; Maroda, 2007), some participants believed the HOS was a more private experience. Particularly for clients who did not wish to be seen entering a therapist's office including but not limited to, famous individuals, business executives, and government employees. Whether positively or negatively, issues of client confidentiality were seen to impact participants’ experiences of conducting therapy from home.

**Summary of conducting therapy from home.** In summary, participants provided a range of experiences with respect to conducting therapy from home. For some individuals the challenges and limitations they encountered resulted in an experience inferior to that of a TOS. However, participants who noted focusing more on the benefits to therapy the HOS provided, expressed an enhanced experience of conducting therapy from home. Other individuals stated that their experience of conducting therapy was no different than in a TOS because the ways in which they responded and conducted themselves within session remained unchanged.

5.5 **Strengths and Limitations of the Current Study**

An important limitation within the current study was that the shared experiences of participants' family members, clients, and colleagues were secondhand accounts as they were
reported by participating therapists and not the individuals themselves. This means that the information was presented through the filter of participants' experiences and values, before the process was repeated through the lens of my experiences and presentation.

Whereas the current study was not concerned with making generalizations to the larger population as is common in narrative research (McLeod, 2011; Riessman, 2002), the lack of diversity with respect to ethnicity is still viewed as a limitation. Having greater ethnic diversity within the sample could have enhanced our understanding of the research topic by including experiences expressed through different cultural lenses. On the other hand, the current sample demonstrated great diversity with respect to the professional backgrounds of participants (see Table 1).

While the current study contained seventeen participants this should not be seen as a limitation. The smaller sample size allowed for more in depth analysis of the narratives and therefore a deeper understanding of participants' experiences (McLeod, 2011). As the experience of working and conducting therapy from home had not been explored in depth or outside of the field of psychotherapy (Gargiulo, 2007; Langs, 2007; Maroda, 2007; Mills, 2007; Pepper, 2003), this depth of analysis and diversity of professional disciplines allowed the current study to contribute greatly to the literature.

Having two interviews before and after completion of the online questionnaires was viewed as a strength within the current study. Responses from the first two interviews aided in determining the subset of questions used in the online questionnaire. Whereas the two interviews at the end allowed for common themes in participants' responses to be integrated and explored in greater depth.

5.6 Future Directions
The purpose of the current study was to begin to understand what it is like for therapists to work from home while highlighting aspects of their experience for future research. As the current exploratory study only began to scratch the surface of each of the presented themes, future studies would be warranted in exploring each theme in greater depth and with greater specificity. In order to obtain a broader understanding of the HOS in therapy, future research would benefit by including the perspectives of other stakeholders such as family members, clients, teachers, supervisors, and therapists who have not worked from home. Given the lack of ethnic diversity in the current sample, research including therapists and other stakeholders outside of North America would also be advantageous.

As many participants spoke of a bias towards the HOS within the field of counselling and the ways in which it impacted their work and confidence, future research would benefit from exploring this further. An exploration of this perceived bias could serve to highlight where this bias comes from and if appropriate work toward reducing the stigma against the HOS within the field of counselling.

Finally, as it was demonstrated that changing the setting of therapy to a HOS can result in a number of benefits, challenges, or limitations, the results of the current study can be used, along with future research on the topic, and research on other therapeutic settings, to better understand and enhance the experience of therapy for everyone involved. By looking at what happens when the therapeutic setting is changed, we may be better able to understand exactly which aspects contribute and how they contribute to successful outcomes in therapy regardless of setting. No matter how the results of the current study are utilized however, with views on the home office ranging from better than a TOS to improper, it is vital to pay greater attention to the services
provided within this, and other therapeutic settings. We turn now to a look at how the current study can be used to inform training and supervisory programs in relation to the HOS.

5.7 Practical Applications

Besides providing a base for opening discussion of the therapeutic home office, the current study has many practical applications for informing training and supervisory programs aimed at the HOS.

It would be helpful for therapists considering the home office to be made aware of the full range of experiences other therapists have had working in a HOS. For example, openly discussing the benefits of an increase in mood from no longer having to commute to work as well as increases in stress that can result from preventing distractions during sessions, can help individuals prepare for what working in a HOS might mean for their mood and stress levels.

Creating awareness of the range of evaluations and expectations that exist among counsellors and clients about the HOS would be of benefit as well. For example, discussing how some colleagues may hold a bias against therapists who work from home can help therapists prepare for how negative comments and evaluations from colleagues may impact them and their work. Engaging therapists in these ways can aid in their understanding what working in a HOS is like and determine how to handle potential limitations and maximize potential benefits.

It would also be important to include discussions about the work-home life balance in training and supervisory programs aimed at the HOS. Discussing and planning what it might be like to have the spheres of work and home occur in the same space can help therapists begin to form a new narrative and ease the transition period when beginning to work from home. In addition, exploring the options of separating, integrating, or volleying between aspects of their work and home life would help therapists consider a range of possible limitations and benefits.
along the continuum of integration and separation. This in turn would provide the opportunity to begin creating and experimenting with rules and cues that would be influential in maintaining their desired work-home life balance.

Inviting therapists to consider what professionalism means would be beneficial in helping them prepare for how their own personal beliefs about professionalism or the standards for their home may change as a result of the HOS. For example, through such exploration therapists may determine that their standards for cleanliness in their home become more rigorous to produce feelings of confidence and security in the presentation of their abilities to clients. What is more, this would allow them to consider how such changes may spill over into other areas of their life. For instance, having greater expectations for cleanliness may mean increases in stress or worry from the constant maintenance and concern about the presentation of their home.

Furthermore, it would be valuable to help therapists determine ways of holding themselves accountable to their professional role and identifying when they struggle with maintaining the divide between their personal and professional selves. For example, recording sessions, whether in person or through cybercounselling, could act as a cue to be mindful of how therapists are interacting with clients which could aid in accountability. It would also provide the opportunity to look back and catch when they tend to slip out of their professional role allowing them to make changes and prevent the divide from occurring in the future.

Training and supervisory programs aimed at the HOS should also be concerned with how the ethical standards of the profession may interact with the HOS. Discussing areas of the code of ethics for the therapist's regulatory body that are unclear for students/supervisees would help therapists build and maintain ethical home based practices. For example, considering what it means to ask clients to remove their shoes upon entering their home, or to offer clients food and
beverage during session, can help therapists consider the implications of doing so and engage in such behaviours in ways that are in line with the standards of their profession. Furthermore, as there are confidentiality issues related to streaming session data over the internet, it would be important to teach the ethical obligations of conducting sessions through cybercounselling. Certain software programs for instance Skype, are not recognized as ethically acceptable for doing healthcare as it is not a secure network for transmitting sessions over the internet. It would be helpful for training programs to inform therapists of which software programs are ethically acceptable for use in cybercounselling and why so they can provide a secure and confidential way of holding sessions with clients.

As there are many areas not addressed within the codes of ethics in the counselling fields in relation to the HOS, updates to these codes would be advantageous. For example, how are therapists supposed to handle interactions between family members and clients should they meet in the home? What does that mean for confidentiality? If a client becomes violent or disruptive in the therapist’s home is their number one priority still the client or their child's safety? When utilizing cybercounselling and discussing issues of suicide what is the therapist to do if there is a power outage? While codes of ethics often contain 'grey' or inexplicit standards and are not an exhaustive list, some gaps still exist in relation to the standards provided and the HOS.

It would be helpful for therapists if training and supervisory programs included discussions about therapy sessions in relation to the HOS. For example, exploring the range of possibilities for how client expectations of therapy and the therapeutic relationship may change as a result of the HOS would be beneficial. In addition, exploring how the therapeutic alliance can change either positively or negatively from exposure of personal information about the therapist can help therapists prepare for such changes and make informed decisions about the
information clients are exposed to in the HOS. Furthermore, it would be beneficial to discuss how sessions in a HOS can be similar to sessions in a TOS if therapists learn to respond the same to what arises in the HOS. For example, although the distractions may be different in a HOS acknowledging the distraction and providing space for clients to discuss its impact can result in the therapist experiencing therapy sessions as more similar than different.

The HOS often contains groups of individuals not present in a TOS, such as family members, neighbours, and babysitters. Exploring ways of setting and maintaining boundaries, as well as how the boundaries can influence their relationships with these individuals would be an important component to consider. Helping therapists determine what boundaries they need to set for themselves would also be of great benefit. This for example, can help prevent burnout from overbooking clients as a result of being able to determine their own schedule and feeling obligated to accommodate clients. In addition, it would be important for therapists to provide the opportunity for family members to express their boundaries and what is expected of them in the HOS. Doing so can empower their family to be open and honest about how the HOS impacts them preventing resentment and contributing to a successful home office for everyone involved.

Similarly, considering how client confidentiality may be impacted as a result of the HOS would be an important component to include in training and supervisory programs. It would be beneficial to help therapists determine how to best prevent their clients from being overheard in session by individuals in and around the home, in order to protect their privacy and establish a safe and confidential space. Some examples provided by participants include, engaging with clients when no one else is home, using cybercounselling, and having rules for where family members can and cannot enter while sessions are taking place. Additionally, it would be helpful
to have therapists consider the ways they will keep confidential files and information from being exposed to family members, friends, and other individuals in the home.

It would be beneficial for training and supervisory programs aimed at the HOS to focus on helping therapists feel safe when working from home and prepare for what to do in specific situations. For example, helping therapists make a safety plan in case of fire or informing them of the laws in relation to stalking and what to do if such situations arise can help them feel empowered instead of afraid of what can happen when seeing clients in their home. Helping therapists create client selection guidelines or a screening process that helps eliminate, as much as possible, clients who make them feel unsafe can increase feelings of safety with respect to clients entering their home space.

Furthermore, as working from home often includes inviting clients into the space of the therapist's family it would be beneficial to examine the importance of creating space for family members to share how they feel in relation to their safety and the HOS, and where appropriate be included in the making of safety plans. By openly discussing the ways therapists may be placing themselves at risk when working from home as well how they can empower themselves to be and feel safe will help them make more informed decisions about whether or not the home office is the right therapeutic setting for them.

Encouraging ongoing consultation with colleagues and supervisors is important for therapists who work from home. Engaging in consultation or supervision can help therapists remain accountable in their work and explore concerns or difficulties that may arise as a result of working from home. Therapists who are considering working from home would also benefit from knowing that doing so can lead to feelings of isolation and that regularly engaging with
colleagues has been noted to help combat the isolation by substituting for the social interactions that occur in offices and agencies.

Finally, informing clients beforehand, even when using cybercounselling, that the therapist is working out of home is important in allowing them to make decisions about whether or not the HOS is right for them. For example, having a brief conversation before the initial therapy sessions can allow clients to ask questions about the HOS and what to expect when they arrive. Besides helping clients make more informed choices, conversations such as these can help clarify the nature of the therapeutic relationship and what it means for clients to be entering the home of the therapist. It is also important throughout the therapeutic relationship to provide the space for clients to openly discuss any situations that may arise as a result of the HOS. Doing so can help both therapist and client feel safe and secure in their work together.

**Summary of practical implications.** Including the aforementioned practical implications of the current study in training and supervisory programs aimed at the HOS can help therapists who work, or are considering working in a HOS improve their services, increase their confidence, and consider the implications of working out of home in an informed way. This can help therapists work with integrity and maintain ethical home based practices.

**5.8 Conclusion**

Participants' experiences of working and conducting therapy from home were obtained through talking interviews and an online open-ended questionnaire and analyzed using thematic narrative analysis. The current study enhanced the existing literature on working from home in general by including the perspective of therapists, and added to the literature on working from home as a therapist specifically by exploring the topic in depth and outside of the field of psychotherapy. Analysis of participants' narratives produced the seven common themes
discussed: evaluations and expectations of the home office, intersection of work and home life, therapy is the same, control, safety, professionalism, and finally, cybercounselling. With each theme containing benefits and challenges to working and conducting therapy from home.

When participants in-depth accounts of working and conducting therapy from home are considered alongside the research of Gargiulo (2007) and Mills (2007), the HOS does not appear to be inherently improper or unethical in of itself as postulated by authors Langs (2007) and Maroda, (2007). However as the opportunity for boundary crossings, ethical violations, and an overall negative experience of the HOS for therapists, their family, and clients exist, as well as the fact that there is a lack of discussion within the literature and in most training programs, something needs to be done.

Therefore, while the HOS can be challenging and not a viable option for everyone, instead of focusing on abolishing the HOS within the field of counselling, we should turn our attention to helping clients and therapists make informed decisions as well as providing the support and education required to do so. In conclusion, by increasing our awareness and understanding of the HOS in therapy, we can move toward supporting therapists in creating and maintaining ethical home based practices without unnecessarily sacrificing the freedom of therapists and clients to choose which therapeutic setting is the right fit for them.
References

American Association for Marriage and Family Therapy, (2012, July 1). *AAMFT code of ethics*. 


### Table 1

*Credentials and Professional Disciplines’ of Participants*

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**Preferred Way of Working**

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**Totals (N = 17)**

*Totals equal more than 17 as participants wrote their own credentials, professions and disciplines and some included more than one.*
**Table 2**  
*Participants' Years of Clinical and Home Office Experience*

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<td>Totals (N=17)</td>
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</tbody>
</table>
Table 3
*Gender and Ethnicity of Participants*

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number of Participants</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>5</td>
<td>29.42</td>
</tr>
<tr>
<td>Female</td>
<td>10</td>
<td>58.83</td>
</tr>
<tr>
<td>Other</td>
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</tr>
<tr>
<td>Unanswered</td>
<td>2</td>
<td>11.76</td>
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</table>

**Ethnicity**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number of Participants</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>African Canadian/American or Black</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Asian/Asian Canadian/American or Pacific Islander</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>European Canadian/American or White</td>
<td>15</td>
<td>88.24</td>
</tr>
<tr>
<td>Hispanic/ Latina/ Latino</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>First Nations/ Aboriginal</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Biracial/ Multiracial (Please specify)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td>2</td>
<td>11.76</td>
</tr>
</tbody>
</table>

Totals (N = 17)
### Table 4

*Parent Codes and Sub Codes Created During Step Two of the Thematic Narrative Analysis*

<table>
<thead>
<tr>
<th>Parent Codes with Descriptions</th>
<th>Child Codes with Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Why Work from Home:</strong> Applied whenever a participant discussed anything to do with why they started working from home AND/OR how they started working from home.</td>
<td></td>
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<tr>
<td><strong>Why STOPPED:</strong> Applied whenever a participant discussed anything to do with why they stopped working from home AND/OR how they stopped working from home.</td>
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</tr>
<tr>
<td><strong>Therapist Evaluation of HO:</strong> Applied whenever a participant discussed anything to do with how they feel about working from home AND/OR what the experience is like.</td>
<td><strong>Concerned about HO:</strong> Used whenever a participant was 1) unsure about working from home; 2) unhappy with elements of working from home; AND/OR 3) had a negative evaluation of working as a therapist in the HO setting. <strong>Why likes working from home:</strong> Used whenever a participant discussed what they appreciated about working in a HOS</td>
</tr>
<tr>
<td><strong>Client Evaluation/Experience of HO:</strong> Applied whenever a participant mentions anything a client had discussed about being seen in a HO setting.</td>
<td><strong>Client Concerned HO:</strong> Applied whenever a participant had noted a client was 1) Unsure about being seen in a HO; 2) Unhappy with elements of being seen in the HOS; AND/OR 3) Had a negative evaluation of the HOS overall. <strong>Client Fond of HOS:</strong> Used whenever a client (as stated through the participant) discussed what they appreciated or enjoyed about being seen in a HO setting.</td>
</tr>
<tr>
<td><strong>Able to Support Family</strong></td>
<td><strong>Able to Support Self</strong></td>
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<tr>
<td>Used when participants discussed how working from home allowed them to 1) Spend more time with their family 2) Participate in family activities/moments/events AND/OR 3) Help their family better or differently than if they worked in a TOS.</td>
<td>Applied when working from home allowed better support financially, AND/OR emotionally/ psychologically.</td>
</tr>
<tr>
<td><strong>Family interaction with Work Life:</strong></td>
<td><strong>Separation ONLY with CLIENT work:</strong></td>
</tr>
<tr>
<td>Applied whenever a participant discussed 1) How their family members were expected to behave/what they were expected to do when clients were in the home; 2) Family interaction with clients; 3) How family members were impacted by, as well as impact, the home office; AND/OR 4) How family members felt about the HOS</td>
<td>Applied when it became clear participants were adamant, and often went to great lengths, to keep their client work separate from their personal but preferred to have other elements of their work and personal lives integrated.</td>
</tr>
<tr>
<td><strong>Integration of Work and Home life:</strong></td>
<td><strong>Psychological Separation:</strong></td>
</tr>
<tr>
<td>Applied whenever a participant mentioned their work and home life interacting/mixing.</td>
<td>Applied whenever participants use thoughts, emotions, AND/OR rituals to separate their work and home life.</td>
</tr>
<tr>
<td><strong>Thought about?</strong></td>
<td><strong>Physical Separation:</strong></td>
</tr>
<tr>
<td>Used whenever participants state their work occurring their home was never an issue without any further information.</td>
<td>Applied when participants physically separate their work and home life AND/OR use physical cues to separate when they are working and when they are at home.</td>
</tr>
<tr>
<td><strong>Setting Boundaries between Work and Home Life:</strong></td>
<td><strong>Rules:</strong> Used to highlight any rules or expectations participants noted holding themselves AND/OR their family and friends to, in order to actively keep their work and personal life separate.</td>
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<tr>
<td>Applied whenever participants discussed ways they <em>actively</em> sought to keep their personal life from interacting with their work life in the HOS. Comments about the TOS also included.</td>
<td><strong>Open to possibility of negative experience:</strong> Applied whenever participants have made it clear they view working from home to be an overall positive experience but hold an awareness that, 1) Things may not be the same for everyone; 2) There is the possibility for things to go wrong (just as there is the possibility for things to go wrong in a TOS); AND/OR 3) Do not appear defensive, or in need to justify their working from home.</td>
</tr>
<tr>
<td><strong>Comparison to TOS:</strong> Applied whenever a comparison is made between the HO and TO settings</td>
<td><strong>Advantage HO:</strong> Applied whenever a participant overtly states an advantage working in a HOS had to working in a TO setting. <strong>Less professional:</strong> Used when 1) Participants stated the HOS as less professional TOS; 2) Participants stated their clients found the HOS less professional than the TO setting AND/OR 3) Participants stated colleagues/professionals believe the HOS to be less professional than the TOS. <strong>Advantage TOS:</strong> Applied whenever a participant overtly states an advantage working in a TOS had to working in a HOS. <strong>Disadvantage HO:</strong> Applied whenever a participant overtly states disadvantages to working from home. <em>This may or may not result in an advantage to the TOS being stated making this code different from the Advantages TOS code.</em></td>
</tr>
</tbody>
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*This may or may not result in an advantage to the TOS being stated making this code different from the Advantages TOS code.*
<table>
<thead>
<tr>
<th><strong>Confidentiality:</strong> Used when 1) Participants talked about anything to do with confidentiality with regards to working from a HO or TO setting; 2) Their clients' discussed issues of confidentiality; AND/OR 3) When fellow colleagues comment on issues of confidentiality.</th>
<th><strong>Boundaries:</strong> Applied whenever participants' awareness of boundaries was questioned, or felt absent.</th>
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<tbody>
<tr>
<td><strong>Professional /Ethical:</strong> Applied whenever participants discussed anything to do with professionalism AND/OR the ethical requirements of their profession with respect to the HO or TO setting.</td>
<td><strong>Disapproval from Professionals:</strong> Applied whenever 1) a respondent discussed feedback they had received from other professionals/colleagues who disagreed with therapists working from home, or believe it is unethical to do so; AND/OR 2) Whenever participants talked about a bias they feel, or have faced, in the counseling community towards working from home.</td>
</tr>
<tr>
<td><strong>Consulting /Connection:</strong> Used whenever participants talked about 1) Loss of connection to other colleagues; 2) Networks they have formed in order to keep connection with colleagues/ supervisors /other processinals in the counseling field, when working from home; AND/OR; 3) Anything to do with consulting with colleagues in a TO setting.</td>
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<td>Scripts: Used as a way to highlight when it seems respondents, their clients. AND/OR their colleagues held predetermined scripts (expectations, ideas, and standards) about therapy, how it should be conducted, by whom, and where.</td>
<td>Office Scripts: Applied whenever a participant described/held predetermined ideas of what either a TOS or HOS should 1) Be like; 2) Feel like; 3) Look like; AND/OR 4) how therapy should be conducted.</td>
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<tr>
<td>Clients' Office Scripts: Applied whenever a respondent described a client who held a predetermined idea of what either a TOS or HOS should 1) Be like; 2) Feel like; 3) Look like; AND/OR 4) how therapy should be conducted.</td>
<td>Therapist Scripts: Applied whenever a participant described, on behalf of themselves or one of their clients, a predetermined idea of how 1) A therapist should work/conduct themselves; 2) What a therapist should be like; AND/OR 3) Where a therapist should work.</td>
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<td>Space for clients to talked about HO: Used to highlight whether or not clients were 1) able to discuss their experience of being seen in a HO setting with their therapist; AND/OR make an informed decision as to whether or not they want to be seen in their therapist's home.</td>
<td>Space PRESENT: Applied whenever 1) It was obvious clients had the space to talk about their experience of being seen in their therapists home; 2) The HO was discussed with clients/clients were invited to talk about the HOS.</td>
</tr>
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<td>Space QUESTIONED: Applied whenever 1) it seemed clients did not have the space to talk about their experience of being seen in their therapist's home; 2) Whenever it seemed clients were not informed they were to be seen in the therapists home.</td>
<td>Therapy is the SAME: Applied whenever a participant discussed how or why they believe conducting therapy is the same in a HO setting.</td>
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<tr>
<td><strong>Safety</strong></td>
<td>Used when participants talked about anything to do with the physical and psychological safety of 1) themselves; 2) their clients; AND/OR 3) when fellow colleagues commented on issues of physical safety.</td>
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<td><strong>Control</strong></td>
<td>Used when respondents seemed to speak of a felt sense of control over their resources.</td>
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<td><strong>Atmosphere</strong></td>
<td>Used to any time a participant 1) gave a physical description of their HOS or TOS 2) Described what it felt like to be in a HOS or TOS; AND/OR 3) Discussed their clients' descriptions of what it felt like in a HOS OR TOS</td>
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<tr>
<td><strong>Descriptive Stats</strong></td>
<td>Used to organize the gender and work experience of participants for easy access to the data.</td>
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<tr>
<td><strong>Years of Experience</strong></td>
<td>Used to identify the number of years as a clinician and years spent in a HOS for each participant.</td>
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<tr>
<td>Themes with Definitions</td>
<td>Subthemes with Definitions</td>
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<tr>
<td><strong>Evaluations and Expectations of the Home Office:</strong> Contains any assessment, judgment, comments made, or belief regarding the experience of working and conducting therapy from a HOS.</td>
<td><strong>Therapist Evaluations and Expectations:</strong> Defined as any assessment, judgment, comments made, or belief by participants regarding the experience of working and conducting therapy from a HOS.</td>
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<td><strong>Client Evaluations and Expectations:</strong> Defined as any assessment, judgment, comments made, or belief by clients of participants regarding the experience of working and conducting therapy from a HOS.</td>
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<td><strong>Family Evaluations and Expectations:</strong> Defined as any assessment, judgment, comments made, or belief by family members or loved ones of participants regarding the experience of working and conducting therapy from a HOS.</td>
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<td><strong>Professional Evaluations and Expectations:</strong> Defined as any assessment, judgment, comments made, or belief by professionals or colleagues of participants within the counselling field regarding the experience of working and conducting therapy from a HOS.</td>
</tr>
<tr>
<td>Intersection of Work and Home Life: Defined as containing all discussions of, and actions taken in order to separate, intermix, or blend aspects of the therapist's personal life and work life as a function of office setting.</td>
<td>Strict Separation: Contains all discussions of and actions taken to maintain a complete separation of the therapist's work life and personal life as a function of office setting.</td>
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<tr>
<td>Types of Separation: Contains the various ways participants defined and engaged in the separation of their work and home lives as a function of office setting.</td>
<td>Problems Maintaining Separation: Contains all the difficulties participants encountered while trying to keep a separation between their work and personal lives as a function of office setting.</td>
</tr>
<tr>
<td>Integration of Work and Home Life: Contains all discussions of and actions taken in order to intermix aspects of the therapists work and personal lives as a function of office setting.</td>
<td>Ways of Integrating Work and Home Life: Contains the various ways participants defined and engaged in the intermingling of their personal and work lives as a function of office setting.</td>
</tr>
<tr>
<td>Therapy is the Same: Defined as any discussion of, or example provided, of how therapy sessions are experienced the same in a HOS as they are in a TOS.</td>
<td>Therapy is More Similar Than Different: Contains all discussions and examples of how therapy sessions are experienced as the same in a HOS as in a TOS, apart from some minor differences or benefits.</td>
</tr>
<tr>
<td>What Makes Therapy Similar: Contains all discussions and examples of what makes therapy sessions the same or similar to therapy sessions in a TOS.</td>
<td>Therapy is Not the Same: Contains all discussions and examples of how therapy sessions are experienced as different in a HOS than in a TOS.</td>
</tr>
</tbody>
</table>
| **Control:** Defined as containing any experience of maintaining or losing a sense of power or influence as a result of working in a particular setting. | **Control Over Space:** Participants' experiences were placed within this subtheme when they felt a sense of power or influence over the physical space in their HOS or TOS.  
**Control Over Time:** Contains experiences representing a sense of power or influence over the resource of time as a function of office setting.  
**Control Over Work:** Contains experiences representing a felt sense of power or influence over how and in what way work gets accomplished as a function of office setting.  
**Lack of Control:** Contains experiences representing feeling a lack of power or influence over resources, space, or work as a function of office setting |
|---|---|
| **Safety:** Defined as any discussion of, expressed concerns, or actions taken, in regard to the physical safety and well-being of the therapist as a function of the setting in which they work. | **Safety and Setting:** Contains all discussion of, actions taken, and concerns expressed regarding the physical safety of therapists and the setting in which they work.  
**Addressing Safety Concerns:** Contains all discussions of and actions taken toward responding to the physical safety of therapists as a function of office setting. |
| **Professionalism:** Defined as any act or discussion in relation to what participants believed to be the standards of their profession and whether or not they were able to meet those standards as a function of office setting. | **Supervision and Consultation:** Contains experiences and discussions in relation to receiving supervisory services and maintaining contact with colleagues as a function of office setting.  
**Confidentiality:** Contains experiences and discussions of ways of maintaining, client confidentiality as a result of office setting.  
**Boundaries:** Contains experiences and discussions of ways of maintaining, structuring, and implementing, therapeutic boundaries with clients, family members, or other individuals as well as dealing with boundary crossings or violations as a function of office setting. |
<table>
<thead>
<tr>
<th><strong>Cybercounselling</strong>: Defined as any act or discussion in relation to working in a HOS strictly through use of the internet without having clients physically enter the home.</th>
<th><strong>Evaluations and Expectations of the Home Office</strong>: Contains any assessment, judgment, comments made, or belief regarding the experience of working and conducting therapy from a HOS through the use of cybercounselling.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intersection of Work and Home Life</strong>: Defined as containing all discussions of and actions taken in relation to separating aspects of the therapist's personal and work life as a function of cybercounselling and working from home.</td>
<td><strong>Therapy is the Same</strong>: Defined as any discussion of, or example provided, of how therapy sessions are experienced the same or different from a TOS in relation to using cybercounselling in a HOS.</td>
</tr>
<tr>
<td><strong>Control</strong>: Defined as containing any experience of maintaining or losing a sense of power or influence as a result of working through cybercounselling in a HOS.</td>
<td><strong>Safety</strong>: Defined as any discussion of, expressed concerns, or actions taken, in regard to the physical safety and well-being of the therapist as a function of whether or not clients physically enter the HOS.</td>
</tr>
<tr>
<td><strong>Professionalism</strong>: Defined as any act or discussion in relation to the professionalism of the HOS and utilizing cybercounselling in comparison to clients physically entering the home office.</td>
<td></td>
</tr>
</tbody>
</table>
Appendix A
Research Ethics Approval for Work with Human Subjects

RESEARCH ETHICS BOARD
University Centre 437
Guelph, Ontario N1G 2W1
t: 519.824.4120 X56606
f: 519.821.5236

DATE: January 23, 2013
TO: OLGA SUTHERLAND; GLORIA GONZALEZ-MORALES;
CC: Rebecca Fleury
FROM: Sandy Auld, Director, Research Ethics
SUBJECT: REB# 13JA036
TITLE: Home Sweet Home? Therapists' Perspectives on Conducting Therapy out of Home

Thank you for submitting your Application to Involve Human Participants in Research. Your submission has been sent for

- REB-G for delegated review

You will receive a response (but not necessarily approval) within approximately two weeks.

1) Please be sure to submit a hard copy of the signature page of the application form bearing the signature of the principal investigator.

If you have any questions or concerns, please feel free to contact me, quoting the REB number.

Sandy Auld
Director, Research Ethics
Office of Research
UC437, X56606
Appendix B
Participant Informed Consent Form: Interview Option

CONSENT TO PARTICIPATE IN RESEARCH

Study Title: Home Sweet Home: Therapists' Perspectives on Working from Home.
You are asked to participate in a research study conducted by Reba Fleury, a Master’s level student from the Family Relations and Applied Nutrition Department at the University of Guelph. The results of this research will contribute to a Master's Thesis.
If you have any questions or concerns about the research, please feel free to contact

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<tr>
<th>Name</th>
<th>Position</th>
<th>Phone Number</th>
<th>e-mail</th>
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<tbody>
<tr>
<td>Reba Fleury</td>
<td>Primary Researcher</td>
<td>(519) 993-3680</td>
<td><a href="mailto:rpleury@uoguelph.ca">rpleury@uoguelph.ca</a></td>
</tr>
<tr>
<td>Ruth Neustifter</td>
<td>Primary Supervisor</td>
<td>(519) 824-4120 x53975</td>
<td><a href="mailto:rneustif@uoguelph.ca">rneustif@uoguelph.ca</a></td>
</tr>
<tr>
<td>Gloria González-Morales</td>
<td>Committee member</td>
<td>(519) 824-4120 x52494</td>
<td><a href="mailto:mggonzal@uoguelph.ca">mggonzal@uoguelph.ca</a></td>
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PURPOSE OF THE STUDY
The current study is designed to explore therapists' experiences and perceptions of working out of home, with a focus on how working out of home may impact therapists' personal or family lives and vice versa (i.e., how working out of home impacts the therapeutic process).

PROCEDURES
If you volunteer to participate in this study, we would ask you to do the following things:

1. Before beginning the interview the primary researcher will go over this consent form with you and provide you with the opportunity to address any potential questions or concerns you may have (apx. 10 minutes).

2. Interviews will last approximately 1 to 1.5 hours in length and will be recorded using an audio-recording device and then uploaded immediately to an encrypted laptop and transcribed verbatim (apx. 1-1.5 hour). In the case of Skype interviews, the interview will be audio recorded directly to the encrypted laptop.

3. During the interview you will be asked several questions, about your experiences of conducting therapy from home, each with a number of follow-up questions based on your initial response. For interviews conducted in the homes of participants the researcher, with permission, will record handwritten notes of the physical description of the home office (if available).
4. Following the interview you will have the opportunity to have any questions or concerns addressed.

5. Following completion of the interview, you will receive a ballet to enter a draw for the chance to win 1 of 2 $20 gift cards to Amazon.ca. Please provide your name and email address on the ballet so the primary researcher can contact you if you are successful in the draw. In the case of telephone or Skype interviews the researcher will complete the ballot with you during the telephone or Skype interview.

6. After completion of your participation, the transcribed interviews will be analyzed by the primary researcher and will be protected and stored for five years (i.e. Fall 2018) following completion of the study as per publication guidelines.

7. Results will be written up toward completion of the primary researcher’s masters thesis and will include anonymized direct quotations from the interviews in order to support any claims made.

I would like to receive the results of the study

Yes: No:

The interview will take place at the Couple and Family Therapy Centre or Macdonald Institute located on the University of Guelph campus.

**POTENTIAL RISKS AND DISCOMFORTS**
The possibility of experiencing general social risks (e.g. fear of judgment from colleagues for participation) exists. The primary researcher will remain sensitive to your level of comfort during the interview and remind you of your right to withdraw at any point without penalty, including your interview data for up to three days post interview.

If you should become worried or upset while sharing what seems to be a difficult experience you will be:
- reminded you only need to share as much or as little as you feel comfortable
- are able to withdraw at any point during the interview without penalty
- are able to move on to a different part of the interview
- take a break, if needed

If you should experience any negative effects from participating in the interview, Dr. Ruth Neustifter, the primary supervisor, is a registered marriage and family therapist and will be available to debrief with you about your experienced distress arising from participation in the current study.

**POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY**
Through your participation in the current study you may develop a deeper understanding of your experience of conducting therapy from home and associated issues, factors, and implications.

The current study may also aid the social sciences, the mental health field, therapists, and consumers of therapy by enhancing understanding of how the environmental setting of therapy is perceived to impact
the therapeutic process and how conducting therapy out of home impacts therapists’ personal and family lives.

The current study may also aid the industrial organizational branch of psychology, specifically in the area of work-family life balance and interface. Due to the nature of their profession, therapists are excellent informants and often possess excellent self-awareness, offering unique insight on the topic of working from home.

**PAYMENT FOR PARTICIPATION**

Participants will be entered into a draw for a chance to win one of 2 $20 certificates to Amazon.ca with approximately a 1 in 10 chance of winning.

**CONFIDENTIALITY**

**Every effort will be made to ensure confidentiality of any identifying information that is obtained in connection with this study.**

The student investigator, Reba Fleury, and thesis supervisor Dr. Ruth Neustifter are both members of professional counseling associations (i.e. AAMFT) and as such are obliged to adhere to the ethical guidelines and standards of their profession including the confidentiality of clients and research participants’ information.

Interview transcriptions will be referred to using participant numbers (e.g., P1, P2) assigned at the beginning of each interview. As verbatim quotes will be included in the write-up of the results, and therefore may be publicized, utilizing participant numbers will anonymize the data.

Only the primary researcher and her supervisors (i.e., Ruth Neustifter and Gloria Gonzalez-Morales) will have access to participants’ identities. The forms will be kept in a locked cabinet in the primary researcher’s office until the end of the study when she will shred the consent forms and permanently delete all uploaded recordings except for de-identified transcripts, which will be shredded in 5 years (i.e. Fall 2018) after the study’s completion; they will be kept to be used in subsequent conference presentations and publications.

No confidential information will be transmitted via email.

**PARTICIPATION AND WITHDRAWAL**

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may exercise the option of removing your data from the study for up to three days after completion of your interview at which point your information will have been de-identified and as a result unable to remove. You may also refuse to answer any questions you don’t want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise that warrant doing so.
RIGHTS OF RESEARCH PARTICIPANTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. This study has been reviewed and received ethics clearance through the University of Guelph Research Ethics Board. If you have questions regarding your rights as a research participant, contact:

Director, Research Ethics
University of Guelph
437 University Centre
Guelph, ON N1G 2W1

Telephone: (519) 824-4120, ext. 56606
E-mail: sauld@uoguelph.ca
Fax: (519) 821-5236

SIGNATURE OF RESEARCH PARTICIPANT

I have read the information provided for the study “Home Sweet Home: Therapists' Perspectives on Conducting Therapy out of Home” as described herein. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

____________________________________
Name of Participant (please print)

____________________________________
Signature of Participant

____________________________________
Date

SIGNATURE OF WITNESS

____________________________________
Name of Witness (please print)

____________________________________
Signature of Witness

____________________________________
Date
Appendix C
Participant Informed Consent Form: Online Questionnaire

UNIVERSITY
OF GUELPH

CONSENT TO PARTICIPATE IN RESEARCH
Study Title: Home Sweet Home: Therapists' Perspectives on Conducting Therapy out of Home.
You are asked to participate in a research study conducted by Reba Fleury, a Master’s level student from the Family Relations and Applied Nutrition Department at the University of Guelph. The results of this research will contribute to a Master’s Thesis.

If you have any questions or concerns about the research, please feel free to contact

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<tr>
<td>Ruth Neustifter</td>
<td>Primary Supervisor</td>
<td>(519) 824-4120 x53975</td>
<td><a href="mailto:rneustif@uoguelph.ca">rneustif@uoguelph.ca</a></td>
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<td><a href="mailto:mggonzal@uoguelph.ca">mggonzal@uoguelph.ca</a></td>
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PURPOSE OF THE STUDY
The current study is designed to explore therapists’ experiences and perceptions of working out of home, with a focus on how working out of home may impact therapists’ personal or family lives and vice versa (i.e., how working out of home impacts the therapeutic process).

PROCEDURES
If you volunteer to participate in this study, we would ask you to do the following things:

1. You will be asked to read a written consent form at the beginning of the questionnaire which will outline the purpose and methods of the study and discuss any potential risks. By clicking the “I agree” button, which brings you to a new screen to start the survey, informed consent is given.

2. The online questionnaire on average will take approximately 25-30 minutes. However, response duration depends on how much of your experience you wish to share. The questionnaire will prompt you to describe your experiences of conducting therapy from a home office (Please note: you can refrain from answering any question on the questionnaire and still participate in the study; you may also terminate your participation in the study at any time without penalty).

3. There will be no collection of identifying information (ex. names or emails) on the questionnaire, and upon submission of your answers, you will be given a pseudonym that will be used during analysis and in the reporting of the data. Please do not provide any identifying information in your answers to any question in this study, including but not limited to your name, personal email, or place of employment.

*Please note that confidentiality cannot be guaranteed while data are in transit over the internet.
4. At the end of the questionnaire, you will have the option of saving your answers and submitting them, saving them for later, or discarding your answers. *(Please note: as there is no identifying information (e.g., a name or email) attached to your questionnaire responses, once your answers are submitted, it will not be possible to withdraw your data).*

5. Following completion of the questionnaire you will have the opportunity to have any questions or concerns addressed via email: rfleury@uoguelph.ca (primary researcher) or rneustif@uoguelph.ca (primary supervisor). You will also be reminded you can receive a summary of the results upon the study’s completion by emailing the primary researcher and ask to receive a copy of the completed study.

6. Following completion of the online questionnaire, if you wish to be entered into the draw for a chance to win a $20 gift card to Amazon.ca, email the primary researcher (Reba: rfleury@uoguelph.ca) your preferred contact information which will be placed on a secure ballet so the primary researcher can contact you should you be successful in the draw.

7. All online data collected will be kept secure through survey passwords and computer encryption and only accessible to the research team. Following completion of your participation, questionnaire responses will be uploaded and stored on an encrypted laptop and analyzed by the primary researcher. Following completion of the study, questionnaire responses will be protected and stored for five years (i.e. Fall 2019).

8. Results will be written up toward completion of the primary researcher’s masters thesis and will include anonymous direct quotations from questionnaire responses in order to support any claims made.

I would like to receive the results of the study

Yes: No:

If you would like to receive a copy of the results please email the primary researcher (Reba: rfleury@uoguelph.ca) stating you would like a copy of the completed study to be sent to you.

**POTENTIAL RISKS AND DISCOMFORTS**

It is possible that some participants may become worried or upset if they describe a difficult experience in response to a question on the questionnaire. This is not expected to be a common occurrence, given the nature of the research question.

The possibility of experiencing general social risks (e.g. fear of judgment from colleagues for participation) exists. As the questionnaire is completed on-line you will have the opportunity to remain sensitive to your level of comfort with respect to how much of your experience you wish to share in your responses. You may also skip over any question you wish and still participate in the study and can withdraw from the study at any point without penalty;

If you should become worried or upset while sharing what seems to be a difficult experience you can:
- move on to a different part of the questionnaire
- take a break, if needed
- withdraw at any point during the questionnaire without penalty

If you should experience any negative effects from participating in the questionnaire, Ruth Neustifter (rneustif@uoguelph.ca) the primary supervisor, is a registered marriage and family therapist and will be available to debrief with you about your experienced distress arising from participation in the current study.

**POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY**

Through your participation in the current study you may develop a deeper understanding of your experience of conducting therapy from home and associated issues, factors, and implications.

The current study may also aid the social sciences, the mental health field, therapists, and consumers of therapy by enhancing understanding of how the environmental setting of therapy is perceived to impact the therapeutic process and how conducting therapy out of home impacts therapists’ personal and family lives.

The current study may also aid the industrial organizational branch of psychology, specifically in the area of work-family life balance and interface. Due to the nature of their profession, therapists are excellent informants and often possess excellent self-awareness, offering unique insight on the topic of working from home.

**PAYMENT FOR PARTICIPATION**

Participants will be entered into a draw for a chance to win one of 2 $20 certificates to Amazon.ca with approximately a 13 percent chance of winning.

**CONFIDENTIALITY**

Every effort will be made to ensure confidentiality of any identifying information that is obtained in connection with this study.

The student investigator, Reba Fleury, and thesis supervisor Ruth Neustifter are both members of professional counseling associations (i.e. AAMFT) and as such are obliged to adhere to the ethical guidelines and standards of their profession including the confidentiality of clients and research participants' information.

All online data collected will be kept secure through survey passwords and computer encryption and only accessible to the research team.

There will be no collection of identifying information (ex. names or emails), attached to your questionnaire responses, and upon submission of answers, participants will be given pseudonyms that will be used during analysis and in the reporting of the data. Please do not provide any identifying information in your answers to any question in this study, including but not limited to your name, personal email, or place of employment. *Please note that confidentiality cannot be guaranteed while data are in transit over the internet.*
No confidential information will be transmitted via email.

**PARTICIPATION AND WITHDRAWAL**
You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time during completion of the questionnaire without consequences of any kind. You may also refuse to answer any questions you don’t want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise that warrant doing so.

As there is no identifying information collected (e.g., a name or email) on the questionnaire, once your answers are submitted, it will not be possible for you to withdraw your data. If you choose not to submit your data, it will be discarded and not used in this study. There is no consequence for withdrawing.

**RIGHTS OF RESEARCH PARTICIPANTS**
You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. This study has been reviewed and received ethics clearance through the University of Guelph Research Ethics Board. If you have questions regarding your rights as a research participant, contact:

Director, Research Ethics
University of Guelph
437 University Centre
Guelph, ON N1G 2W1

Telephone: (519) 824-4120, ext. 56606
E-mail: sauld@uoguelph.ca
Fax: (519) 821-5236

**SIGNATURE OF RESEARCH PARTICIPANT/LEGAL REPRESENTATIVE**

I have read the information provided for the study “Home Sweet Home: Therapists' Perspectives on Conducting Therapy out of Home” as described herein. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

___________________________________
Name of Participant (please print)

___________________________________  __________
Signature of Participant                     Date

**SIGNATURE OF WITNESS**

___________________________________
Name of Witness (please print)

___________________________________  __________
Signature of Witness                     Date
Appendix D
Initial Email Response to Interested Participants

Dear __________.

Thank-you for your interest in the Home Sweet Home? Therapists' Perspectives on Conducting Therapy out of Home, research study. This study explores how therapists who have conducted, or are currently conducting, therapy from home experience providing therapy from home.

Your participation will involve completing:
- 1 face-to-face, telephone, OR Skype interview lasting approximately 45 minutes to an hour
  - OR –
- 1 online open-ended questionnaire lasting approximately 25-30 minutes.

If you wish to choose the INTERVIEW option, please respond to this email:
1) Stating your preferred method of interview (i.e. face-to-face, telephone, or Skype)
   –AND–
2) Three dates and times you are available to complete the interview so we may find a mutual time to conduct the interview in your preferred manner.

If you wish to choose the ONLINE QUESTIONNAIRE option, please follow the link below:
https://guelphfran.eu.qualtrics.com/SE/?SID=SV_brcplzaKePLz9Bj

Complete instructions can be found on the questionnaire but please do not hesitate to contact me should any questions or concerns arise during completion of the questionnaire.

As a thank-you for your participation in the current study you will be entered into a draw for the chance to win a $20 gift certificate to Amazon.ca! Odds of winning are approximately 1 in 10.

Prior to expressing your interest, please ensure that you meet the following two criteria:
1. You are a Master’s or doctoral level psychotherapist or counselor (e.g., family therapist, social worker, psychologist, counselor).
2. You have conducted, or are currently conducting, therapy with clients from your home (i.e., your primary residence).

As this is a master’s thesis, Reba’s work will be supervised primarily by Ruth Neustifter. Please feel free to contact Ruth by email at rueustif@uoguelph.ca or phone at 519-824-4120 ext 56336 if you have any questions or concerns.

Thank-you again for your interest, I look forward to hearing from you soon!

Reba Fleury

____________________________
Reba Fleury, BA
Couple and Family Therapy
Department of Family Relations and Applied Nutrition
University of Guelph
rfleury@uoguelph.ca
Appendix E
Participant Recruitment Flyer

HAVE YOU EVER CONDUCTED THERAPY FROM A HOME OFFICE?
WOULDN'T YOU LIKE TO SHARE YOUR EXPERIENCE?

If interested in participating in a Master’s thesis exploring therapist perceptions of working from home, please contact Reha via email rfleury@uoguelph.ca at the University of Guelph to complete an interview! – OR – click on the following link INSERT LINK to complete the online open-ended questionnaire option!

Enter for the chance to WIN a $50 gift card to Amazon.ca!
Appendix F
Interview Question Guide

Q. What can you tell me about how you came to start conducting therapy from an office in your home?
   ➢ What lead to your decision to work from home?
   ➢ How long have you worked from home?

Q. Where is your office located in your home?
   ➢ Please describe your office and the entrance to it in as much detail as you feel comfortable

Q. What can you tell me about your experience of doing work from home?
   ➢ Is there anything you find appealing about working from home?
     o Please describe in detail
   ➢ Is there anything you find problematic about working from home?
     o Please describe in detail
   ➢ Do you have any concerns about working from home?
     o If so please describe in detail the nature of these concerns and how they are addressed.

Q. Please describe in detail a typical working day
   ➢ How do you determine when work gets done?
   ➢ Does work ever get done on non-scheduled work days?
   ➢ If so please describe the type of work and how it was conducted

Q. Please describe in as much detail as you feel comfortable sharing, your experience of conducting therapy from home.
   ➢ Is there anything you find appealing about conducting therapy in your home?
     o Please describe in detail
   ➢ Is there anything you find problematic about conducting therapy in your home?
     o Please describe in detail
   ➢ Do you have any concerns when conducting therapy in your home?
     o If so please describe in detail the nature of these concerns and how they are addressed.

Q. Do you experience working from home to be relevant to the therapeutic process?
   ➢ If so in what ways?
   ➢ If NOT –how is it similar?
   ➢ Do you have any concerns?
     o If so please describe them in detail and how the concerns were addressed
   ➢ And/or notice any benefits?
     o If so please describe them in detail and how the concerns were addressed

   ➢ Have you experienced anything relevant about working from home and the types of clients you see?
     o Such as, their presenting concerns, readiness for change, or their degree of social supports?
   ➢ Have you experienced anything relevant about working from home and client expectations or beliefs about therapy/the role of the therapist?
➢ Have you experienced anything significant about working from home and the client-therapist relationship?

➢ Have you experienced anything significant in relation to working from home the therapeutic techniques you most often utilize?

Q. Has offering therapy from home had any impact on your family/personal life, or on members of your household?
   ➢ If so in what ways?
   ➢ If any occurred, how were negative impacts addressed?
   ➢ Have you noticed any beneficial impacts to your personal life or on members of your household?

➢ How is the interface between work life and your personal/family life?  
   (Boundaries; where they meet)

➢ What is it like with other members of your household having access to aspects of your work-life?
➢ Is what to do if a member of your household comes into contact with a client ever discussed with the members of your household?
   o If so how?
   o How was this received?
   o How were any concerns addressed if they occurred?

Q. Has the subject of the location of your therapy office come up with clients, colleagues, or members of your household?
   ➢ If so
     o When?
     o Who brought it up?
     o How was it discussed?
     o Was it brought up more than once?

Q. Have there ever been any problems or concerns reported to you by your clients, colleagues, or housemates, about the location of your office?
   ➢ When?
   ➢ Who brought it up?
   ➢ How was it discussed?
   ➢ Was it brought up more than once?

Q. What is it like having personal information about yourself (e.g. home address, SES) readily available to clients?
   ➢ Did you or your clients ever express any concerns or appreciation about this?
     o If so please describe
     o How were any concerns or appreciations addressed?

Q. Have you ever worked in an office outside of your residence?
   ➢ Did you notice any similarities and/or differences between the two settings?
   ➢ If so please describe them in detail
➢ And if they had any impact on:
  o your work-life
  o your personal/family-life
  o the therapeutic process

Q. Have you learnt anything about yourself professionally and/or personally from your experiences conducting therapy in your home?

Q. Is there anything you wish to share that you have not been able to do so?

Q. Do you have any questions? Comments? Concerns?

*All responses are subject to creating additional questions within the interview
**All questions are subject to change based on the responses of participants

Demographic Questions

Please specify your gender: ____

1. What is your race/ethnicity?
   a) African Canadian/American or Black
   b) Asian/Asian Canadian/American or Pacific Islander
   c) European Canadian/American or White
   d) Hispanic/ Latina/ Latino
   e) First Nations/ Aboriginal
   f) Biracial/ Multiracial (Please specify) ________________
   g) Other (Please specify) ________________

2. What are your credentials? (e.g., MA, MSW, PhD, etc.) ________

3. What is your profession/discipline? (e.g., nurse, MFT/CFT, social worker, psychologist, counsellor) __________________

4. How many years of clinical experience do you have? ________

5. Is there a model or theoretical orientation within which you primarily work? (psychoanalytic, cognitive-behavioural, systemic, narrative) ________________

6. In what setting do you conduct this work?
   a) Agency
   b) Hospital/clinic/ treatment centre
   c) Private practice
   d) Other (Please specify) ________________

7. How would you classify the majority of your work?
   a) Individual
   b) Relational (e.g., couples, families)
   c) Group
Appendix G
Online Questionnaire

Section One: Working from Home

In this first section, please respond in as much or as little detail as you feel comfortable to the following questions regarding your experience of working and conducting therapy from home.

1. a. What can you tell me about how you came to start conducting therapy from an office in your home?

   b. What can you tell me about how you came to stop conducting therapy from an office in your home? If applicable.

2. Please describe your home office in as much detail as you feel comfortable? E.g. the look/feel of the office; where in the home your office was located; the entranceway to the office.

3. Please describe in as much detail as you feel comfortable sharing, your experience of doing work in your home environment.

4. Please describe in as much detail as you feel comfortable sharing, your experience of conducting therapy from home.

5. How did you make sense of your work life and family/personal life, given that they occurred in the same location?

6. What, if anything, did your clients share with you about their experience of being seen in an office in your home?

7. Please describe, in as much detail as you feel comfortable sharing, the similarities and differences you might have noticed between conducting therapy from home and conducting therapy from an office outside of your home.

Section Two: Demographics

In this section please provide us with some basic information about yourself:

1. Please specify your gender: ______________

2. What is your race/ethnicity?
   a. African Canadian/American or Black
   b. Asian/Asian Canadian/American or Pacific Islander
   c. European Canadian/American or White
   d. Hispanic/ Latina/ Latino
   e. First Nations/ Aboriginal
f. Biracial/Multiracial (Please specify) __________________
g. Other (Please specify) __________________

3. What are your credentials? (e.g., MA, MSW, PhD. etc.) __________________

4. What is your profession/discipline? (e.g., nurse, MFT/CFT, social worker, psychologist, counsellor) __________________

5. a. How many years of clinical experience do you have? ________
b. How many years did you work from home? ____________

6. Is there a model or theoretical orientation within which you primarily work? (psychoanalytic, cognitive-behavioural, systemic, narrative) __________________

7. In what setting do you conduct this work?
   a. Agency
   b. Hospital/clinic/ treatment centre
   c. Private practice
   d. Other (Please specify) ______________

8. How would you classify the majority of your work?
   a. Individual
   b. Relational (e.g., couples, families)
   c. Group

Submitting Screen

This concludes the study. Thank you very much for your time in completing this questionnaire. If you would like to save and submit your answers, please click the “Submit” button below. If you are not quite done the survey and would like to save your answers for later, please click the “Resume Later” button below. If you no longer wish to participate in this study, please click the “Exit” button below and your answers will be discarded. As there is no identifying information collected (e.g., name, email), once your answers are submitted, it will not be possible for you to withdraw your data.

Submit        Resume Later         Exit and Clear Survey

Closing Screen

Thank you very much for your participation in this research study. If you have any questions about this research, please contact the primary researcher Reba Fleury via email at rfleury@uoguelph.ca, or her advisor Dr. Ruth Neustifter atrneustif@uoguelph.ca.

Thank-you,
Reba
Appendix H
Meaning Unit: Definition and Breakdown

For the purposes of the current study meaning units were defined as: any thought, feeling or behaviour with a clearly identified beginning, middle, and end (Riessman, 2008). The terms used were outlined/broken down for use in the current study as follows:

- **Thought** ➔ Any expression of an idea or opinion related to working from home and other settings (e.g., a traditional office)

- **Feeling** ➔ Any expression of emotion related to, or judgment about the experience of working from home and other settings (e.g., a traditional office)

- **Behaviour** ➔ Any expression of an action taken, intended, or discussed in relation to working from home and other settings (e.g., a traditional office)

- **Beginning** ➔ The point at which an excerpt starts, or the start of a separate Thought, Feeling, or Behaviour;
  
  **Distinguished by:**
  
  - The start of a response to a question on the survey;
  - An explicit acknowledgement of the start of a separate T/F/B by the participant (e.g., to begin, first off, etc.)
  - The separation of a T/F/B with numbers, spaces, punctuation etc.;
  - The separation of a T/FB by a change in tense (e.g., moving from present tense to past tense) *This does not apply however if there are other cues connecting or continuing the T/F/B through the tense change (e.g., in the case of before and after comparisons)

- **Middle** ➔ The information contained between the beginning and end of an excerpt, or the information that continues/connects a T/F/B beyond the end of a sentence;
  
  **Distinguished by:**
  
  - Words that highlight the next sentence as a continuation of the same T/F/B discussed in the previous sentence (e.g., Furthermore, also, in addition too, I then, as well as, etc.);
  - A sentence which answers a question posed by the participant in the preceding sentence;
  - An explicit reference being made to the continuation of a T/F/B from the previous sentence (e.g., I think that is because, in my opinion it happened,)
  - When its removal would cause important context to be lost

- **End** ➔ The final part of an excerpt, or the final part of an expressed thought, feeling, or behaviour;
  
  **Distinguished by:**
  
  - Punctuation at the end of a sentence (e.g., period, semicolon, exclamation point, question mark)
  - Can be defined by a break in paragraph or the end of an answer to a question (i.e., when the writing stops)
  - A lack of reference made to, or continuation of, the previous T/F/B to the following sentence